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## EDITORIAL COMMENT

### WORK DONE AND TO BE DONE

With the beginning of a new year, we naturally look backward and give thought to those things for which we have been striving and have or have not accomplished, as may be, and also make plans for the completion of unfinished work or for new undertakings. What applies to the individual, applies to groups of individuals. In our organization life, as we look back, certain things accomplished stand out distinctly: the improvement of the nursing care given to patients in general hospitals, through the efforts of the teaching body; improvement in the nursing care of the poor in their homes, through the efforts of visiting nurse associations; the securing of state registration for nurses in most of our states and with it the gradual improvement of the educational status of the nurse; the organization of our three national societies, the development of the Red Cross Nursing Service. At the present time we are occupied with the reorganization of the American Nurses' Association and its affiliated societies, with the immediate work of securing a national charter.

But with even so much accomplished, we are appalled as we look about us by the realization of the groups of people who are still inadequately nursed: the middle class people in their homes, the infirm and sick in the almshouses though so much thought and study have been given both these groups with apparently little result; the inmates of the vast majority of hospitals for the insane; and the patients in most of the tuberculosis sanatoria, whether under public or private control. That the nursing in many places is inadequate, we know from the few women who have tried to improve conditions and who have been able to do so little to break down political domination and public indifference to the daily comfort of those who are out of

sight and too often out of mind, or to obtain the right sort of nurses for this service.

What do we know of the nursing care of the sick in institutions for the blind, for the feeble-minded, or in reformatories and prisons?

The great nursing body has made it its business to demand the highest degree of care for patients in the general hospitals. Is it not our responsibility to investigate and improve the care given these other groups? We cannot expect the younger nurses to be interested in these problems. They have not had sufficient experience in life to realize the tragedy involved or to be moved by the appeal of the helpless. This is work for women to take in hand who are seeing nursing from a different standpoint.

Let us take as an illustration the care of the tubercular. This is one of the great problems because of the fear of the average person of contracting the disease. We believe it is right for young nurses to avoid being shut in with these patients, when possible, although our highest authorities seem to agree that this disease is contracted during childhood and only develops when for some reason in later life the resisting power is impaired. If it is true that persons past the age of forty are practically immune, then this particular work which calls for sympathy and motherliness, combined with the best nursing knowledge and skill, should make its appeal to the mature women who are growing weary of the more strenuous varieties of nursing work. The majority of the patients in sanatoria are young, of the student age, they have not lost their joyous outlook on life, which is so great an asset for recovery, and the work is largely in the open, so that living among those in the curable stages is not so depressing as living among some of the others to whom we have referred. There is no one group of people who more need the highest kind of nursing care than those who have passed the incipient stage. We are constantly meeting men and women who have been at some time given up as hopeless with this disease, who have been restored to apparently perfect health by being placed under proper living conditions with the best medical and nursing care, and we believe the time will come when greater numbers of the advanced cases will be restored by such means. At present the efforts of the institutions and specialists are concentrated on the care of the patients in the early stages.

In the other groups we have named, there is also a great field of work for nurses of more mature years. How to secure good nursing care for such patients, under working and living conditions which are possible for cultivated people, is one of the great problems that are immediately before us. We should like to hear from women engaged in these institutions just how the great nursing body can give help.



We have had, during the present war in Europe, evidence of the eagerness of highly educated, untrained women to perform the most menial services for the wounded soldiers, not only in caring for them as they were brought to the hospitals, covered with grime from the trenches, but in washing faces and hands, cleaning uniforms, carrying trays, serving nourishments under the supervision of trained nurses. This would seem to show that if we could present the need of the masses in the proper way, our training schools would be crowded with the right kind of applicants, anxious to alleviate any kind of suffering. We cannot believe that it has been only the glamor and excitement of war which has influenced these women. We need a great leader to arouse this sentiment.

#### SELF-GOVERNMENT

At the state meeting held in New York City in 1915, the paper on Student Government presented by Miss Carling and published in this issue of the JOURNAL aroused a very interesting discussion. At the time, partly because of the unusual length of the paper, pressure for space and because the subject did not seem to be one for which our readers, generally, were ready, we postponed its publication. Suddenly there comes to us from a number of different directions a desire for information on this subject, and it would seem to be the next step forward in training-school administration to be considered with the new year.

Miss Carling has covered in her paper all the reasons for or against student government that we have ever heard advanced. We know that a number of superintendents who have tried this experiment would not care to repeat it. In our judgment, the modified form of self-government which Miss Carling suggests of having one or more members of the faculty act with the students' committee would be a safer way of introducing this system than to entrust its workings to a committee composed entirely of pupil nurses. When such a system has become established, it may be safely left to the nurses alone. The fact that our pupils are, on an average, so much more youthful than they were in earlier times makes the necessity for developing a sense of responsibility one of the questions that the superintendent of today has to consider. Like many other problems equally difficult, whose solution has been found, a modified form of self-government will undoubtedly be worked out in the near future.

With the development of club houses, where graduates, old and young are living together in large numbers, problems of household

government also arise. A house committee of the permanent residents, to act with the board of governors in maintaining conformity to a few necessary rules, might simplify the administration of such clubs. A few thoughtless members can become a serious menace to the good order and reputation of such graduate groups.

We shall be glad to have for the Letter Department reports from nurses' homes and clubs, such as the one given in this magazine. It is the combined experience, whether of few or many, which is a help to anyone trying to make such suggested changes.

#### WHEN FAR FROM HOME

Our attention has been called to a paper read at the Missouri State meeting in Kansas City, recently, showing a tendency of nurses to wander about the country unattached to their own or any other nursing organization, an instance being given of a nurse who had died in a strange place, where nothing was known of her friends or family. We have previously warned nurses against this custom, being without means of identification in case of accident or death.

We have also warned them against accepting positions in distant places without having made proper investigation of the standing of the institution or organization that is to employ them or of starting off on a long journey to fill an uncertain position without having in sight money enough with which to return. One should be careful from whom offers of positions are accepted, that they are people acting with authority or, as is shown in the little paper referred to, they may prove not reputable. Nurses going into any community where there is a nursing organization, whether an alumnae or a county society, will be made welcome as guests and will be given an opportunity to become acquainted with the nurses of the community. We have constant evidence of this from nurses who, having gone to strange places, express their appreciation of the courtesy extended to them by the local organizations. Any nurse who can present such credentials as show her to be a graduate of a reputable school, a member of her own alumnae association and registered, is made welcome unless she proves herself unworthy.

#### CHICAGO PREPARING FOR A CENTRAL SCHOOL

It is now years since the first definite plan was proposed for central schools for nurses in a paper read by M. E. P. Davis at a meeting of the Superintendents' Society, now the National League of Nursing Education. The idea has been approved by the prom-

inent leaders in the teaching field and has been commented upon again and again in reports and discussions at meetings, but in no city of which we know, have definite plans been considered for the establishment of such a school until the present time.

The first training schools in this country were established in 1873. The Illinois Training School was opened in 1880 and has sent from its doors as many women who have rendered distinguished service to their profession as any other school in the United States. This school was organized to do the nursing for the great county institution in Chicago which cares for the poor of the city, but of late years it has been developing courses for affiliated schools and for post-graduate study. It is at present giving affiliation training to the students from nineteen smaller schools, while graduates from two hundred and twenty-nine schools for nurses have taken its graduate courses during the past six years. The directors are now making plans to build a large new nurses' home and to use the buildings and equipment of the school, backed by its splendid reputation, for a great central school for Chicago.

We believe Chicago is, geographically and educationally, a splendid center from which to develop the central school idea and if the directors make as great a success of it as they have of the training school, it is sure to be followed all over the country.

At the time that the Illinois Training school is making its plans for a development and broadening of its nursing interests, the University of Chicago is making plans for the development of medical education along such lines that Chicago bids fair to become one of the great medical centers of the country.

#### SOCIAL INSURANCE LEGISLATION

Since commenting on this subject in the December JOURNAL we have learned that no less than twenty states are to include in their winter's legislation bills providing for some form of health insurance. As this is a subject so close to the interests of nurses, not only as possible beneficiaries but as probable employees in carrying out the provisions of such acts, we have asked for an article on the subject from the chairman of the Joint Committee on Health Insurance, Martha M. Russell. Miss Russell promises a paper for the February JOURNAL which we are sure, will make the subject more clear to them.

## THE NEW YORK INSPECTOR

Twelve superintendents took the civil service examination for the position of inspector of nurse schools in New York State on the resignation of Miss Hilliard. As a result of the contest, Elizabeth C. Burgess headed the list of those eligible to the position and received the appointment, taking up her duties late in December. Miss Burgess is a graduate of Roosevelt Hospital Training School, class of 1904, and served for nearly five years as assistant superintendent of that school. In the fall of 1909, she entered Teachers College, receiving its diploma in Education for Supervision and Teaching in Training Schools for Nurses in 1911. During her second year in Teachers College she held the position of instructor of probationers at Bellevue Hospital. She then spent one year at St. Luke's, New York, as instructor, leaving to become superintendent of nurses and principal of the training school at Michael Reese Hospital, Chicago, a position she has held to the present time.

Miss Burgess has had, therefore, the most thorough preparation for her work and will enter her new position with the good wishes of those concerned with the education of nurses in the state.

## A PORTRAIT OF FLORENCE NIGHTINGALE

From time to time we have received inquiries from our readers as to where a photograph of Florence Nightingale could be obtained, suitable in size to be hung in a nurses' home. We have taken the matter up with the Century Company, who loaned us their plate of the engraving by Timothy Cole at the time of our memorial number of the JOURNAL, and have their permission to make an enlarged copy of this portrait. As the initial expense will be considerable, we will not attempt to do this unless we know that a number of orders will be placed with us. The price of such a portrait would probably be between three and five dollars for a single copy. This portrait is a standing figure, three-quarters length, taken by command of the Queen soon after Miss Nightingale's return from the Crimea and at about the time she was most active in establishing the first training school in London.

Two portraits before all others should hang in every training school library or class room, that of Florence Nightingale, who inaugurated the first training school for nurses in the world, as we know them today, and that of Linda Richards, the first American graduate as well as the first American superintendent. We can supply Miss Richards' portrait at a price of \$3.50.



## THE TRAINED NURSE: HER CIVIC RELATIONSHIP<sup>1</sup>

By J. G. LAMONT, M.D.

*Dunseith, North Dakota*

The nurse, in her private and professional relationships, has long been received by all classes as a worker of the highest type. Her civic relationship, however, is not yet fully recognized by the public. New municipal needs, growing out of the various health propaganda, have quickly developed during the past ten years the demand for a nurse specialist. This call for a newer type of trained helper is daily becoming more insistent. The public health nurse of the future, therefore, in order to give the best service, must evince a high ethical ideal of her true relationship to her municipality, her county and her state. She must train her vision to see in uncleanness a sin against the family; in carelessness, a trespass against the community; in ignorance, a crime against the race. She must have the courage to point out the right and condemn the wrong, and to do this daily, insistently and conscientiously, among people who may misunderstand and who are certain to misconstrue the motive. Here in North Dakota, and in the nursing profession, today, everywhere, the course we have just outlined may be *your* opportunity for most effective organized service, though the pathway be not strewn with flowers.

We wish to consider the special nurse under the following groups: Institutional, school and civic.

*The institutional nurse.* The successful institutional nurse is in great demand. When we consider the enormous growth of the sanatorium field alone, within the past ten years, we have a better conception of this. In 1908, the United States had 240 tuberculosis sanatoria, with patients' beds numbering 14,000. In 1911, there were 422 sanatoria, with 26,360 patients. In May, 1913, sanatoria 567, patients' beds about 35,000. At the present date we have approximately 700 institutions, with more than 50,000 beds. The above figures are all very conservative. In those departments of state service which care for the blind, the insane, the deaf, the feeble-minded and the crippled, the growth has been correspondingly almost as large.

The first-class institutional nurse is most frequently developed by years of experience. In every institution there is danger of becoming

<sup>1</sup> Read before the State Nurses' Association at Minot, North Dakota, April 13, 1916.

"institutionalized." This is a term which has been used to designate the narrowing process which comes with too much "single line" thinking. With mental narrowing there follows a loss of sympathetic consideration of the patient's weaknesses, also a tendency to become trivial in thought and conversation. To guard against this tendency, there must exist a large conception of the true dignity of service for others. There must be present the conviction that the menial task of taking a temperature or serving a tray is dignified by exactness or is degraded by slovenliness. There must be true love for humanity. The irritable or tedious question must receive the "soft answer that turneth away wrath." There must be courage to tell the patient that an infraction of a rule is a detriment to his ward-neighbor and reflects in dangerously widening circles upon the whole institution. There must also be team work necessary to accomplish the larger object intended by the state. Some nurses can never be good institutional nurses because incapable of team work. Self-interest "will not down." The institutional failure can nearly always be traced to selfishness. A lack of ethical loyalty to the institution and its regulations is sure to lead to acts of deceptive meanness. On the other hand, the nurse with the high ideal is worth her weight in gold. Like the woman of Scripture "her price is far above rubies." Her proper spirit will dignify the most menial duty into high service. The low ideal will degrade the highest human intent.

The nurse must read systematically, not only the scientific literature pertaining to her particular branch of work, but she must keep in touch with the best along other lines.

The nurse must in her department keep in mind the true economy which means the best service for the least expense. In every institution some of the best nurses are spoiled by the mistaken notion that it is not necessary to economize materials, because they belong to the state. As a matter of fact she should be especially careful with other people's money. Under the present schedule of war prices a nurse may easily waste more than her salary each month by the careless use of antiseptic dressings, medicines etc. This statement is literally true. Some drugs are many times the price of a year ago. For instance, carbolic acid, one of our commonest drugs, is six times its former price. Oxalic acid has advanced from 13 cents a pound to be worth \$257 a barrel.<sup>1</sup> Aspirin is hard to obtain. Carbonate of creosote became worth many dollars a pound and finally disappeared from use. The intelligent nurse will have already informed herself about these questions. In the use of absorbent cotton, surgical dressings, towels and bed linen, economy is always of great importance.

<sup>1</sup> As we go to press the price of oxalic acid is 85 cents a pound.

The largest state institutions, not only in North Dakota but also in every state, are continually on the outlook for competent officers. A neighboring state has an institution which changed matrons seven times in one year. Some found the work too difficult, others were unable to administer the office. The truth of the case is, of course, that executive ability, which is the ability to do and to get things done, is quite rare. No quality in a nurse is in greater demand or better paid.

*The school nurse.* It has been demonstrated that practically every child becomes infected with tuberculosis. Von Pirquet discovered 93 per cent of reactors to his test in some 1400 school children of the age of twelve to thirteen. The great majority of these infections remain latent. The presence of such infection, however, is a constant menace to health, although, according to Trudeau, a relative immunity is thus established to fresh infection. The latent disease remains in every school child as a possible detriment to proper development.

Many children have enlarged cervical glands due to the early infection, which may be unrecognized and untreated for months during school life. Children who have chronic abdominal pains are frequently tubercular, later developing operative tubercular peritonitis. Joint troubles of tubercular origin are seldom recognized early enough for efficient treatment, and the joint is disorganized before splints are used. The broken down lung is fortunately rather rare in childhood and youth, consequently germs from this source are not usually distributed in the school room. The presence of other infectious diseases among school children is so common as to need but a passing remark. The exanthemata, la grippe, whooping cough, trachoma with other ophthalmic diseases and various forms of catarrhal affections are frequently developed during school associations. People must no longer be allowed to be careless with the exfoliating skin following measles or scarlatina. The experienced school nurse is quick to suspect infectious disease. Her knowledge, which is the result of training and experience, her study of the child in both its school life and home environment, make her service of great special value. While medical inspection may be costly and infrequent, nursing inspection can be made constant and practical. The medical inspector may advise and direct, but it requires the school nurse to be constantly on the ground, to see the actual work performed, even in the smaller school district.

Something in the face or attitude of the handicapped child appeals to ready sympathy. What is more pitiable than the under-nourished youngster with the enlarged glands of early tuberculosis; or the dull apathy of the adenoid mouth-breather?

How appealing is the timidity of the small girl or boy who is behind

in school work through partial deafness or an uncorrected eye defect! Why should the unhygienic rural school, with its deficient ventilation, its neglected, contaminated water supply, cold floors, unprotected out-buildings, be allowed to go unchallenged? The school child spends at least one-quarter of its time under such conditions. The time is near when the nurse inspector will be as important as the educational inspector. Probably in no department of public health nursing can more be accomplished than in the schools. Much of life's later unhappiness comes from the lack of protection and care of children during school hours. The school nurse of the future is the logical outcome of a great public need.

*The civic nurse.* In not many communities is the municipal nurse an established part of public health machinery. As a matter of fact the municipal fathers have not as yet allowed themselves to perceive the great economic value of adequate public health service. "Our taxes are high enough," is a cry that appeals to the property holder. "Purchase the thing that is most necessary," is another satisfying slogan. Of recent years, however, the consideration "Safety first," is receiving its due prominence. It is found that in any ordinary-sized city, an adequate public health inspection may be obtained at the cost of a few cents per year to each property holder. By such means the public receives an actual saving of hundreds of dollars in money, to say nothing of more important economies. The proper control of quarantine in epidemics, the careful disinfection of houses after sickness, the reporting to the health boards of all sources of dangerous disease, are severally duties which may fall to the alert visiting nurse. It is astonishing how few homes in town or country are really up to standard in matters of hygiene. At least 75 per cent of people need instruction in the proper ventilation of their homes during winter. Only a small percentage of homes are effectively screened from flies during summer. In small prairie towns, the most filthy conditions of backyard and alley are allowed to persist from winter into the hot months. Most of the cholera infantum is carried by the house fly from the backyard cess-pool or garbage pile to the child's table, and the deplorable part of it all is that the mothers and fathers don't know about it.

No one is better equipped to take up this line of endeavor than the civic nurse. In the homes themselves must be the greatest warfare against infectious disease. Faults of housing should be recognized and pointed out. Storm windows should be at least detachable during winter. Talks with parents about the airing of rooms, the burning of garbage, the care of milk and meat supply, the enormous value of



sunlight as a disinfectant, the necessity of proper bathing and cleanliness, sufficient hours for sleep, etc., are of great importance. These matters should, of course, be discussed in simple language that everyone can understand. The people will not be slow to recognize the spirit of the one who wishes to help, provided there is a sincere desire to be of service. Many people who willingly employ a physician to take care of a child with pneumonia would carelessly neglect medical advice from the same person previous to the serious sickness. If, however, these matters are frequently discussed as important health principles by the visiting nurse, at least a goodly proportion of trouble will be prevented.

The time is approaching when the best service given by your profession will be found both economical and necessary as a part of the public health service. It remains for you as a profession to demonstrate your fitness for public work. In Chicago and other cities a certain standard of competency is required for municipal nurses. In the various departments I have mentioned, no doubt in time a similar plan will be used in every state. The tendency of today is to organize and to standardize both the nursing and the medical professions and to employ full-time officers. It remains for us to be prepared in our private professional duty to keep constantly before our people the necessity for cleanness within and without the home, and particularly to inculcate the spirit of fair-play that will give to the smaller and larger children of our city and country districts a "square deal" for health.

No person is closer to the heart of the family than the trained nurse, not even excepting the physician. Your influence as a profession may be either bad or good, but it can never be trivial. I would urge upon you a high ideal of work and service. I would have you prepare yourself in the most thorough way and then cast into your professional service the best of your intellect, your morals, your good judgment, your native tact and kindliness. With earnestness of purpose your executive ability will develop more and more, and members of your profession will receive both the honor and the monetary reward which are its due.

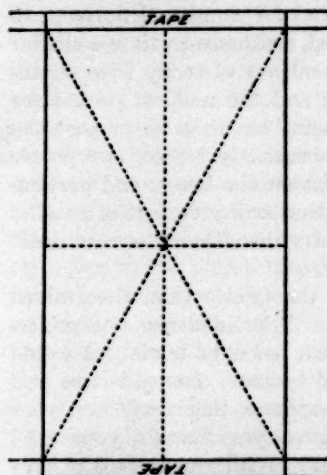
## AN EASILY MADE DOOR HUSHER

By MABEL E. LAMBERSON, R.N.

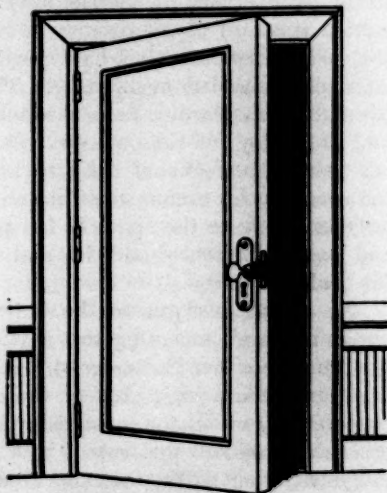
*Lewiston, Maine*

I may not be suggesting anything new, but as I have seen no description of our door husher in the JOURNAL, I wish to tell how, in our hospital, we lessened some of the noise that is so annoying to everyone.

We took a strip of canvas, 11 inches long and 7 inches wide, and folded it twice, making a pad of three thicknesses, 7 inches long and  $8\frac{1}{2}$  inches wide, after the seams are taken in. We stitched it as is indi-



THE CANVAS HUSHER



DOOR WITH HUSHER APPLIED

cated by the dotted lines on the diagram. Two pieces of linen tape, each 12 inches long, were stitched across the ends of the pad.

The husher is put over the edge of the door and the tapes are tied around the knobs. It has proved very satisfactory, it has eliminated the noise of slamming doors, and has lessened the expense of gauze and gauze bandages which had been used.

For this husher I would suggest that white canvas and white tape be used, as both launder nicely.

## THE POSSIBILITY OF INTRODUCING SELF-GOVERNMENT INTO SCHOOLS OF NURSING<sup>1</sup>

By F. E. CARLING, R.N.

*New York, N. Y.*

The training school of a modern hospital is not only a place for fitting women to properly care for the sick, but it is an educational institution, where properly selected women are given such moral and educational advantages as will enable them to go forth equipped to aid in the practical solution of some of the numerous social problems. With their wonderful growth have come certain problems that were not found in the past. If our scope has enlarged and we have not only to train the nurse to care for the sick, but to prepare her to take part in all the movements for bettering social conditions, is our present system of government adequate and will it satisfy the higher type of woman we are demanding?

No one seems to know just why we have our present system of military rule, or just where it originated. To a certain extent, perhaps, it has always been found in hospitals. Probably its use in modern training schools can be traced more or less directly to Miss Nightingale's influence. The Nightingale system, which we still use in our schools of nursing, was born on a battlefield. The term military, however, is a misnomer. We have only some phases of it. There is some resemblance to it in the implicit unquestioning obedience we demand, and in our grading of the nurses on the wards, according to seniority and length of service. If we had in our training schools of today, a system even remotely approaching the rigidity and sternness of the rule that governs our soldiers, what would be the treatment meted out to nurses found asleep on night duty, or giving a wrong dose of medicine? The prevailing system has proved its worth in many ways, in the character of the women trained under it, and in the ease and smoothness with which the work in the wards has gone on. It is simple, direct, concrete and accomplishes its purpose. One criticism that can be made is that it gives too much power to one person. Where the principal of the school is a fair-minded woman with breadth of vision, it is all right, but in some cases it is productive of much injustice and unnecessary hardship. But are we not selfish in adhering to

<sup>1</sup> Read at a meeting of the New York State League of Nursing Education.

this system? Are we not perhaps considering the daily urgent needs of the school, rather than the development of the pupil?

We have already learned that the status of the trained nurse has changed very materially. We must also take into consideration the spirit of the age, the difference in the home training, and the fact that the whole world is turning toward democracy. We must prepare our nurses to be bigger and broader, and fit them to take their places in the onward march of our profession. How shall we do it? We are aiming more and more towards affiliation with women's colleges and are interesting women of higher education in nursing. Our thoughts naturally turn towards self-government, which has been in force in most of the prominent women's colleges, for some years.

The question of self-government is one that has been discussed many times. We all believe in its underlying principles. We all feel that, theoretically, self-government should be an education, and should train the pupil nurse in such habits of conduct as will enable her by independent exercise of judgment and initiative to meet the responsibilities placed upon her. The nurse is called upon more and more to use her judgment and initiative in many situations, and she should be trained in the practice of such habits of conduct as will enable her to meet her enlarging responsibilities. The pupil nurse has many responsibilities, anxieties, worries and temptations, but while she is in training, the gravest anxieties and responsibilities are borne by others. She is safe-guarded in many ways. From this protection, she goes out to begin life for herself. We are trying to turn out efficient women, who have ability to control new situations. Self-government is invaluable in the development of initiative. The student's sense of responsibility is also increased, and interest in her work is fostered.

Though we all feel that, theoretically, self-government is indicated, we show timidity about putting it into practice. When we turn to the superintendents of our schools of nursing for light on this subject, we find a concensus of opinion among them, that the present system is not adequate to meet our demands. From one of a number of schools written to, we received the following.

We have adopted the honor system with regard to examinations, and are thinking of self-government with class organization in a modified form but have no definite plan.

Another writes,

We have been trying self-government in the Nurses' Home for almost a year, but do not feel that it has been altogether a success. We have had good results



and less friction in regard to several things, such as orderliness in the kitchenette, sewing room and laundry, but we have not found proctors conscientious about reporting nurses who broke the rules regarding lights, and baths after 10 o'clock. They seem to hate reporting members of their own class and make no attempt at discipline when they know certain nurses in the home are not conforming to the home rules.

In this school, they found that graduates in the home increased their difficulties. The superintendent of nurses felt that the graduates should be included in the organization, but some of the pupils did not like the idea of cooperation with them.

A third says,

I am looking for a safe middle ground, in which the student nurses will be able to govern certain of their own affairs, outside of the hospital itself. I prefer to err on the side of the old military discipline, rather than on the side of too much freedom. I believe the social life of the Nurses' Home should be in the hands of the pupils themselves, but would in no way extend self-government to any affairs connected with the hospital at large, or to the professional duties of the nurse.

Another feels that a change is necessary but thinks her school is not ready for self-government. Another feels that no school is ready for it until the pupils themselves demand it. One speaks of an attempt at self-government in electing members from each class to constitute a committee. They were to meet for one-half hour each week with the superintendent of nurses to discuss matters concerning the Nurses' Home. It was satisfactory to a certain extent, but she would not be willing to have them act without her. Their decisions were not always wise. In another school they have had class government, each class having its own organization, constitution, and by-laws, for nine years, but have accomplished little.

I was able to get very little information from any of the schools of nursing on this important question. The acceptance of the theory, but hesitancy in putting it into practice seems to be due either to a lack of knowledge as to just what self-government means, ignorance regarding its form of organization, or an uncertainty as to the method of introducing it into the school.

For most of my data regarding student government, I have been obliged to go to the women's colleges. There we find that self-government has been, and is, of great value in the education of the students. The majority of the colleges for women, in the United States, belonging to the first class, have student government: Barnard, Bryn Mawr, Simmons, Smith, Vassar, Wellesley, Radcliffe, Mt. Holyoke, Elmira, Syracuse, Randolph-Macon, Swarthmore and many others. In many

of these institutions, self-government is still in an experimental stage. Constitutions are constantly being revised. The earliest venture was made at Bryn Mawr over twenty-five years ago. The aims, general organization, jurisdiction, methods of control and penalties, as arranged by these various associations, are well worth considering. They give us a clue to what we may hope to accomplish by the introduction of self-government into our schools of nursing. The aims of some of these organizations are as follows: "To transact business pertaining to the whole body of students and to further the interest of the students as far as lies within its power." "To control the management of all matters concerning the conduct of students in their college life, that are not academic; to develop self-control and promote loyalty." "To express student sentiment on matters that affect the undergraduates as a whole. To direct matters pertaining to the moral and social life of the college. To uphold individually and collectively the honor of the college, by doing all in their power to prevent any form of dishonesty in academic work, and to create a spirit of honesty and honor, for its own sake." "To uphold actively the social regulations of the college. To preserve order and quiet in the houses." "To promote honesty in academic work and examinations, and general honor in all business and social matters. To study the social needs of the college, and to present suggestions for improved regulations."

Their organizations differ in some minor details, but possess many similar points. Most of them have an executive committee, consisting of officers and a varying number of students, from the association. This committee sometimes contains one member of the Faculty, in addition to members elected from various classes. In most of the colleges, some form of conference exists between representatives of the students, to discuss disputed questions of jurisdiction or organization, to interpret rules, and to discuss amendments to the constitution. The majority of them arrange for the consultations between the president of the Association, and the dean of the college. The Association is usually responsible to the college, which has power to assume full control, if the occasion demands it. The colleges require that the students' associations keep the faculty fully informed regarding their constitution, by-laws and rules, and their action in all matters. The jurisdiction of the students' association, usually includes all matters not strictly academic, and not pertaining to the health and safety of the students, such as keeping order and preserving decorum in the building and on the campus, Sunday and chapel regulations, oversight of the library and study rooms, quiet hours, use of bath tubs, hours for putting out lights, talking from windows, articles on window sills,

putting posters on doors and walls, registration for absences, chaperonage, hours for guests to leave, punctuality at meals and order in the dining room, limitation of time allowed for entertainments, regulation of dancing, hours for playing musical instruments, entering or leaving residence halls after they are closed for the night, and putting waste papers in proper receptacles. Where the honor system of examinations exists, they investigate and punish students reported for cheating on examinations.

The methods of control are based on the same general plan. Usually, there is a head proctor or house president, with corridor proctors elected by each hall, or home proctors with different forms of committees, and for varying terms of office. These act as executive officers, and carry out the purposes of the association. The punishment for breach of rules usually consists in withdrawing the ordinary privileges. In flagrant cases, the offender may be temporarily suspended from the association. They usually have members of the Senior and Junior classes visit new students, to explain the idea of self-government. Nearly all have copies of the rules and regulations. The general opinion is, that it has been a remarkable success. It has been a valuable asset, in bringing about a frank and candid relationship between the students and the administrative force. It has also tended to promote the loyalty of the students. Standards of conduct have been higher. It has increased individual responsibility. It is regarded as one of the highest honors that can be bestowed to be elected to any of the offices of the organization. It has been a good thing in the development of the students, leading them to look at their own actions and those of their fellow students from the point of view of an adult. The regulations regarding conduct show the sentiment of the best element in the college. The planning of the administration, and defining of the legislative, executive and judicial functions of the organization, can not fail to be disciplinary, as well as of great educational value. The training involved in elections, conduct of business, presiding, recording, and similar duties, is of inestimable value. There seems to be no tendency on the part of the students to minimize offenses, they rather err on the side of over-severity. All seem to agree, that it is an entirely workable and trustworthy arrangement. In one college, I found they had some trouble in maintaining order in the dormitories, but even there, they felt much good had come from student government and that in a crisis the student body could be relied upon to do the right thing. In another, they felt it was a good thing in the development of the students, but that there was the danger of the students so burdening themselves with the details of adminis-

tration, that they could not do the special work for which they came to college.

How far are we justified in attempting to adapt a system that has been so successful in women's colleges, to our schools of nursing? In what respects can we compare the condition of the college student, with the condition of the pupil nurse? They are practically of the same age, though possibly the weight of maturity is on the nurses' side of the balance. They are of the same type. Home training and early surroundings average about the same in each class. In the best training schools, the preliminary education of probationers, is fully equal if not superior to that of the college Freshmen. In the majority of cases both are young women away from home for the first time. For the first time they are thrown upon their own resources, often in places and conditions of absolute newness and strangeness. There is a common end in view in both instances, that of obtaining a training. The college woman's training is largely theoretical. It needs to be supplemented by contact with people, and training in manual dexterity. The nurse has this practical experience. She is unconsciously learning the underlying principles of psychology, from the many people with whom she comes in intimate contact. She is also developing judgment and initiative, as well as becoming skillful with her hands. To make her education complete, the nurse needs to supplement her practical training with a thorough scientific knowledge of the principles underlying her profession. She also needs a broad cultural training, to enable her to meet successfully the many people with whom she is brought in contact. College students are always associated with the highest ideals of men, in literature and art. The pupil nurse has the larger part of her time taken up with practical things. Both colleges and hospitals are training schools; neither is complete in itself, both need supplementing and development. There is, however, a difference in their conditions. In a college, they do not have to consider the care of the patient. Problems can not be put off, when life and death are hanging in the balance; they must be settled quickly and effectively. A nurse must be a good soldier, recognizing rightful authority, and obeying necessary orders unquestioningly. It may be possible to acquire the needed discipline in a broad educational way, but that, as yet, is a disputed question. Schools of nursing have conditions unlike other schools. To quote from one of the letters we have received.

The nurses' training school is a school where the laboratory, in which the pupil receives her practical training, is filled with sick people, depending on that pupil for care and attention. The training school is not independent, it



is most intimately bound up in the hospital. The hospital, having taken the responsibility of these sick people, rightfully demands that proper care be given them, and certain punishment follow neglect and carelessness.

It seems impossible to make any definite suggestions. We feel that the changes in our home life, the enlarged sphere of our work, and the higher type of woman we are requiring, necessitate some modification of our methods of control. We feel that the old system has produced many excellent women and should not be lightly cast aside. Already, its rigidity has been lessened in our more progressive schools. Many of them have unconsciously drifted into a form of self-government. We believe it is true of nurses, as of people in other walks of life, that the higher the stage of development, the less necessity there is for rigid rules. In fact, with rigid rules, we are apt to get poor results and develop a rebellious spirit. The natural tendency of the age is toward democracy. This is an era where the workman is demanding a share in the return of his work. It is an age where interest goes hand in hand with responsibility. Coöperation, personal effort and initiative give an added sense of responsibility. While we feel that there are some very essential differences in the conditions surrounding the college student and the pupil nurse, we find enough similarity to justify us in thinking that if self-government is workable in so many of the women's colleges, it should be in our schools of nursing, but we feel that great wisdom is required, and much forethought is necessary, before we are prepared to make a change of this nature.

At the present time, if an attempt were made to introduce self-government into some of our schools, it would prove an absolute failure because they are not yet ready for it. Self-government must be a thing of growth. It should not be introduced into any school until a careful study has been made of it. A check may be placed on it by having the principal and others of the faculty constitute an advisory council. A still further safeguard can be added by making the proviso that, at any time, if the necessity arises, the governing power may be taken over by the school authorities. There must be a superintendent who believes in self-government and a student body that wants it. It should be confined to the social life of the nurse, and the honor system of examinations. It should not be applied to the work on the wards, or the professional duties of the nurse. On the wards, it is necessary to be governed by those whose authority is established by position and experience. Pupil nurses cannot possibly possess the knowledge and experience necessary, to deal with the problems which arise there. They must be left to older and more experienced people.

Professor Hillegas, of Teachers College, in a talk before the New York League of Nursing Education, mentioned some underlying principles of education, that might well be recalled here.

New forms of government can not be safely introduced, until there is an assurance that the students have the proper apperceptive basis for the new.

No type of government can be really effective unless the students appreciate and accept the plan.

Personality exerts such a large influence in government, that no detailed system or method can be offered that will apply equally well to all situations.

In conclusion let me urge, that in all our planning, we must always keep before us, the imperative need of the patients. We can not altogether leave out the question of government by authority, because the responsibilities of the student nurses are uncommon. We must retain all the good things we have developed under the military system, and then do everything to develop and strengthen our pupils, and prepare them for the work that lies before them.

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#### CONCERNING CANCER

1. Cancer is not a "blood disease" but always starts as a local affair; hence it can always be cured by removal if discovered and treated early enough.

2. Cancer in the beginning may cause no pain or other symptoms of ill-health.

3. Cancer is probably not hereditary.

4. Cancer is not contagious.

5. No up-to-date doctor will treat a condition that might mean cancer without *thorough examination*.

6. The cancer patient must learn to seek treatment as promptly as a patient with appendicitis.

## IMPROVISING IN THE HOME<sup>1</sup>

By ROSE A. KEATING, R.N.

*Jackson, Mississippi*

While it is true that the art of nursing consists in making a patient comfortable and carrying out the doctor's orders conscientiously and intelligently, under some conditions the private duty nurse has a trying time to keep up with the art, with the facilities at hand.

In the modern home of today where so often the nurse is called, she has no trouble, as she usually finds all necessary articles at her disposal, or they can be had for the asking. To the nurse called to a home in the rural districts, miles from a drug store, it is difficult, or even in a town where supplies can be had, the money and credit may both be wanting. Even in the home of wealth it is more to the nurse's credit to keep down expenses, than to be the cause of large bills of any kind. It is, therefore, the duty of the private nurse and sometimes of the hospital nurse to use brains and tact and to improvise when necessary. If a nurse is thoroughly or even partially equipped, her troubles are lessened, but among the very poor, whether in public health, charity, or private work, she reaches the climax of her woes when she goes to a case armed with only a clinical thermometer. Finding orders for various forms of treatment, she has no time to stand idly by and say, "I can't carry out the doctor's orders; I have nothing to work with." She should put on her thinking cap.

The fountain syringe is the nurse's best friend, it can be used to irrigate any surface and most cavities of the body. The one the family possesses may be an ancient relic, the bag leaking, but if the tubing is fairly good, she can make all kinds of devices with it. With a rectal or douche nozzle, tubing, a funnel and a pitcher, she can give rectal or vaginal medication. In extreme cases, she can use the tubing without a nozzle. If no pitcher is available, she can use anything from which a solution can be poured. If no funnel is to be found, a coffee or teapot will serve if the tubing is slipped over the spout.

The tubing can also be used in washing out the stomach, or as a tourniquet. With the aid of a catheter, a funnel and pitcher, the bladder can be irrigated. It may be superfluous to add that any of the above improvised articles should be boiled before using.

<sup>1</sup> Read at the sixth annual meeting of the Mississippi State Association of Graduate Nurses, Natches, October 30, 1916.

The discarded hot water bag, with the washers lost or minus the stopper, and with, perhaps, a few holes in the bag proper, may be utilized by partially filling it with hot salt, bran, meal, or sand, as there is no danger of leakage if only the washer is missing, for paper, cotton, or a cork may be substituted as a stopper. The holes can be covered with adhesive plaster, or a thin cover over the bag will prevent leaking.

Dry heat can also be applied by means of bags made from any material thick enough to keep any of the above ingredients from coming through, or by glass bottles filled with hot water and tightly corked, or by hot plates, irons, or bricks, covered to keep the patient from being burned.

Cold applications can be applied by means of cloths wrung out of cold or ice water and changed frequently, or ice water in the hot water bottle in the absence of an ice bag.

Several thickness of newspapers or magazines will substitute for a rubber sheet. White oilcloth is also satisfactory if it can be purchased. A Kelly pad can be made of several thicknesses of paper, or a sheet rolled into shape and covered with rubber sheeting or oilcloth. She may improvise a bed or douche pan by getting a long baking pan from the kitchen, putting a flat piece of board over one-third or one-half of the top.

Mustard plaster or any plaster not too thin can be applied between layers of brown, or newspaper.

In many cases where glycerine can not be purchased, or the nurse has not the time to wait, cooking oil, melted butter, or unsalted lard, heated, will substitute for a glycerine enema.

Murphy drip can be regulated with an ordinary fountain syringe by partially clamping the tubing with a forceps, or tying a knot in it, tightening to regulate the flow.

A good air cushion for small surfaces is a hot water bag partially filled with air. Mend the leak in the air cushion with adhesive, or improvise by making a ring of rolled cotton, horse hair, straw, or even a sheet formed into a circular pad, having a hole in the center and wound around with a bandage to keep in place.

In filling an air cushion or Kelly pad with air, if the mouth has to be used, protect yourself by using a small piece of gauze or any clean thin material that air can penetrate over the opening.

Pressure from bed clothing in fracture cases, etc., can be relieved by making a cradle of two chairs placing the backs uppermost and tying the legs to the sides of the bed. This is a rather clumsy affair but chairs can usually be had when other things are lacking. Halves of barrel hoops with a string fastened to each end and tied to the sides of the bed, using about three halves, will also make a good cradle.



If the foot of the bed is low, use a piece of board the width, but several inches higher than, the bed and fasten to keep in place. Let the top bed covering come over the improvised footboard.

A straight-back chair answers for a back rest, and takes the place of many pillows. A clothes horse covered with a sheet makes a very good screen.

A towel will always answer for a stupe wringer, or a lemon squeezer or meat press will serve for a stupe wringer when hot compresses are to be applied to the eye, or any small surface, and must be frequently changed.

Mosquito netting can be used to screen doors and windows in the absence of screens. Boiling water is always a safe disinfectant, a coal-oil lamp will take the place of an alcohol lamp.

In the absence of a steam inhaler, medicated substances may be inhaled by using a tea or coffee pot standing over a lamp, the spout turned toward the patient, or put the solution hot into a pitcher or pan and cover with perforated paper. Instruct the patient to breathe naturally, taking the vapor through the mouth, exhaling through the nose. Inhalation of moist air in a room can be accomplished by means of a kettle of boiling water or by placing small pieces of slaked lime in pans of water.

In giving a vapor bath, if a lamp or oil stove is not available, hot bricks or plates, covered with wet flannel, or cloth, will make steam. Set the cloth covered plates, or bricks in dishes or plates around the patient under the bed clothing, but not near enough to cause burns.

If the patient is able to sit up, use a cane bottom chair, and after removing his clothing, have him sit in the chair; under it have a kettle of boiling water over a lamp, or use a pan of boiling water. Fasten blankets from his neck, entirely covering both patient and chair. Keep the feet in hot water, as this will hasten the action of the skin.

A nurse can always find something to use in bathing a patient, even if she has to do as I once did, get the yellow mixing bowl used for mixing biscuit, as a wash bowl was unknown.

In conclusion, a nurse should never think any task too menial to be performed, or refuse to help out in an emergency (if the patient's condition will allow) when the maid fails to appear. The family will always remember that the nurse was not too good to help with breakfast or in any way do what she could to make herself useful.

## STAMMERING AND THE NURSE

By ERNEST TOMPKINS

*Los Angeles, California*

The positive correction of stammering does not properly come within the domain of the nurse, because unskillful speech treatment, like unskillful ocular treatment, may make the defect worse; but the all important care of the stammerer, that affecting the prevention and early correction, does come within her domain, for two important inducing causes, namely accidents and illnesses, bring it there.

Occurrence is greatest during the five years following speech acquisition, it is slight at age twelve and very rare in adult life. It need not be looked for prior to speech acquisition, for normal speech must precede stammering, and subsequent to childhood it may be looked for only after severe inducing causes.

All the inducing causes fall in the classification of temporary speech interruption. More specifically they are stuttering, habitual non-spasmodic repetition, imitation of stammering, association with stammerers, frights, accidents, illnesses, etc. How all these can be classed as temporary speech interruptions becomes evident from consideration of the disorder itself. Those who want authority for the conclusion that stammering is conscious interference with normal speech may take Dr. Liebmann of Berlin, Germany; those who observe may verify it themselves. For an illustration, Prof. John M. Fletcher records: "The writer has observed acts of . . . opening the mouth . . . pressing the tongue against the roof of the mouth, pressing the lips against the teeth, and pressing the lips together." Let the reader try to talk with the mouth held wide open, or the tongue pressed against the roof of the mouth, or the lips pressed against the upper teeth, or the lips pressed together. He will see, what Professor Fletcher might have seen, that the stammerer is blocking his speech by a misdirected effort.

Now we are prepared to understand how a temporary interruption to speech may cause stammering. Imitation stammering is intentional interruption to speech. It is temporary, because no one wishes to continue it. But when the thought occurs that it might become permanent, *a conscious effort is made to avoid it*. That first conscious effort to avoid a temporary speech interruption is the beginning of stammering.

But why should it continue, if the inducing cause is only temporary? Because the stammering itself is speech interruption and prompts continued efforts to avoid it. Those efforts are impelled by fright, and the fright is the result of the attention which is attracted by the imperfect speech; it is not always ridicule; it is any attention which makes the stammerer uncomfortable.

If the inducing cause can not be avoided, the next thing to do is to keep down the fright. Watch the speech of the patient recovering from any severe experience, from a fainting spell, a convulsion, hysterics, an operation, etc. If the speech is broken, enforce silence by calmly telling the patient that he should not talk until his speech has entirely returned; and facilitate his efforts to express himself by inducing him to write or to make signs. Caution all who come within his presence to act in the same way, and to avoid smiling at, or otherwise noticing, any speech peculiarity if the patient neglects the orders. Stammering can not start if these instructions are carried out, but if it does start the treatment should be the same, only it must be continued in proportion to the length of the start. With stammering, a stitch in time saves 900.

Banish the idea that stammering is a joke or even a light affair. Few have any conception of the extent and depth of the misery it causes. The current remedies are practically all ineffective; and even with effective remedies the patient may lack the time, money, and determination to progress to recovery. Although the nurse may never receive the appreciation which she deserves for saving a patient from stammering, she can form an idea of what that appreciation should be by contemplating the unhappiness of those who were not saved from it.

In case a nurse is asked what should be done with a confirmed stammerer, she should know the general principles of the individual treatment. They are readily deduced from the nature of the disorder. Stammering is frightened conscious interference with normal (automatic) speech.

The fright is anticipation of renewed humiliation consequent on the stammering and it arises from the memory of past humiliation. Therefore the whole object of the treatment is to dissipate those painful memories, and two principles are involved: (1) the cessation of continued painful experiences, that is, the abstention from stammering, and (2) the cultivation of normal speech. Here is one whose trouble arises from memories of thousands of speech failures. How can that memory be dissipated? Evidently by thousands of speech successes. Among the means of cultivating spontaneous speech are reciting in

concert, reading aloud in concert—it is interesting in this connection that Fletcher has shown that two stammerers can read aloud fluently in concert, repeating short sentences after an instructor, reading aloud with an instructor who is prepared to join in the reading if the stammerer becomes frightened, etc.

Extreme care must be exercised not to induce conscious speech. Breathing exercises, articulatory exercises, the accented vowel—practically all of the time-honored didactic treatments are really induced stammering, in spite of their apparent immediate benefit, for when they are practiced away from the calming environment of the cure they bring about relapses, the severity of which is proportional to the faithfulness of the practice. Recorded evidence of this harmfulness is given by such investigators as Thorpe and Liebmann, and unrecorded evidence exists with the army of stammerers who have been made worse instead of better by the mistaken treatments.

Since speech is really the only element involved, it ought to be evident without the quantities of advice extant, that drugs, hypnotism, surgery, manipulations of any kind, psychanalysis, etc., are ineffective.

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At the annual meeting of the National Committee for the Prevention of Blindness held at the Academy of Medicine, New York, November 24, 1916, President William Fellowes Morgan presided. Dr. John McMullen, surgeon in charge of trachoma investigations for the United States Public Health Service, delivered a most inspiring and informing address. Dr. McMullen is superintendent of the six mountain hospitals which have been opened by the Federal Government at the request of the states for free treatment of the disease—three in Kentucky, one each in Tennessee, West Virginia, and Virginia. Illustrating his lecture with lantern slides, he described the work under his charge in these six hospitals. One or more persons were present from each of the following states: Ohio, Minnesota, Kentucky, Pennsylvania, New Jersey, Massachusetts, Connecticut, and Washington, D. C. Most of the audience were, of course, from New York.

The National Committee for the Prevention of Blindness has prepared a set of charts which strikingly set forth the dangers of trachoma and the means of prevention, which are available for borrowers or for purchase. It has also published a booklet for free distribution, which is sent on request.



## THE PRIVATE NURSE AND TWENTY-FOUR HOUR HOSPITAL DUTY<sup>1</sup>

By MARY L. KEITH, R.N.

*Rochester, N. Y.*

I represent a hospital that does not allow twenty-four hour duty within its walls, that has not allowed it in the fifteen years of my administration, or in the five years that preceded mine. Last week a gentleman of my acquaintance in politics showed me a booklet, on the cover of which was printed: "Reasons why so-and-so should be elected." The booklet proved to be a series of blank pages, the only printing being "Reasons why" on the front cover and the answer on the back cover, "There aren't any." That is my position on the question of twenty-four hour duty in hospitals. There are no reasons for it. I contend that the practice is bad for the patient, bad for the morale of the hospital, bad for the nurse.

A patient desperately ill in a private room may need two special nurses, as would a like condition in the public wards, and should have them, must have them, regardless of cost. But when that same patient, unable to pay two specials, gets better or requires less attention, it is for the patient's interest to retain a day special and accept the services of the hall nurse for the night. A nurse on twenty-four hour duty must necessarily sleep at night in the patient's room; she is awakened at intervals, for what? To give a bed pan, to rub a back, to open or close a window, to pull up or pull down a blanket, to fill a water bottle or ice bag, to get cold water or hot broth, any one of which offices could be perfectly well performed by the general night nurse; and the special day nurse, refreshed by sleep outside the hospital, cheerfully resumes her round of duties the next morning, gives the bath, makes the bed, serves the meals, does the dressing, gets the patient out of doors, arranges flowers, does errands, reads, amuses, plays games, keeps callers away or entices them in, brings something invigorating to the table, and the patient is better served.

In the home the sick person has right of way. Every other interest is temporarily subordinated; one member of the family gives up her room, another her couch, the bath room is commandeered, and it is permissible for the nurse to snatch a nap whenever and wherever she can, or to go

<sup>1</sup> Discussion of the paper written on the same subject by Anna C. Maxwell for the convention of the New York State Nurses' Association. See December JOURNAL.

about the house in a kimona. Because the home is arranged on a basis of health, sickness is an emergency, is met as such, and in the home, if anywhere, twenty-four hour duty is justified. The hospital, on the contrary, is arranged on a basis of sickness, it is the patient's business to be sick, and it is the hospital's business to care for the sick in an adequate manner. It seems to me that sleeping in a patient's room is not a good business arrangement. The air space may be limited, more effort may be required to wake a sleeping nurse than to ring for a hall nurse, the patient is disturbed if the nurse snores or breathes heavily, there is seldom a place for the nurse to bathe or dress, and the situation is further complicated if the patient is a man; furthermore, the nurse going through the corridor in her kimona on the way to the ward kitchen at night is not in keeping with the dignity of the hospital.

Thirty years ago, when I was a pupil in training and the field of graduate nursing was that of private duty only, we pupils were told that ten years constitutes a nurse's working life. My own private nursing life was six years. It was a wonderful experience, full of interesting people, happy homes, California in winter, Newport in summer, and more praise and appreciation than I have experienced before or since. In six years' time I did twenty-four hour duty on all but three cases. The principal reason I was willing to make a change was on account of interrupted sleep—twenty-four hour duty. However necessary this may be in a home, I fail to find justification for it in a hospital. One of the obligations of a hospital is to train nurses to care for the sick, and to do preventive work. Fulfilment of this obligation requires good material, that is, good women for pupils, good clinical opportunities, good teaching, and time, money, patience and courage. The resulting graduate nurses are too precious, they have cost us too much, they are too much in demand, to be sacrificed to needs which can be otherwise met. The young graduate has youth and enthusiasm; we who are older see the value of these qualities in our work, in our lives, and in the lives of others. We should conserve our graduates for their highest use, and not lessen their efficiency or shorten their working lives by continued interruption of their needed rest and recreation.

## THE PSYCHOLOGY OF MANAGING PUPIL NURSES IN ORDER TO INCREASE THEIR CAPABILITIES

By HELEN M. COLLINS

*Cleveland, Ohio*

Psychology, according to Webster, is "the science of the human soul; psycho, from the Greek, the soul, the mind, the understanding." Human psychology deals with the thoughts and feelings of human beings and seeks to explain the facts of intellect, character and personal life.

The art of teaching has been improved by basing it upon the science of psychology. As the science progresses it will more and more provide all the arts that aim to influence men and will more and more be recognized as a part of the equipment of teacher, business man, clergyman and writer. Even now there are signs of a rapidly growing recognition of its importance by practical men and women.

When in mental difficulty, do not worry or aimlessly try this or that, but seek the reason, is the plain teaching of psychology. There is a reason for everything, one may not always find the cause and finding it may not be able to remedy it, but there will be many cases where a diligent search for the reason will disclose it and show the means of preventing the trouble.

We think and feel so as to do, and what we do, that and that alone we really are, therefore it is necessary to encourage right thinking in the individual with whom we have to deal, in order to make of that individual a more efficient person.

Each individual is different from others, each has his or her own idea of thinking which is the same as acting; the thought precedes the act. By finding out each individual's constitution and directing her energies in the right channel, we may make her more useful and incite her to service which she can do better than anyone else. The influence of everyone lasts a lifetime, the little things of life prepare for the great and no effort for right is ever a waste. Our only responsibility toward the unknown is to do our best by the known.

A nurse may have been making a failure of her work; she is discouraged and disheartened, her mental attitude is all wrong toward her work, and herself. From a psychological standpoint much can be done to change this attitude, the first aim being to inspire the confidence of the individual. In this way alone can one really gain an

insight into her mental or inner life. Encourage her to talk of herself, her life, her work, her ideas, etc. Here then you are searching for the reason, and on finding it, much help may be given by directing her thoughts aright. You are bound to find good qualities as well as the bad, and good qualities found may be made into better qualities. Try to instil in the mind the thought that at no time must we consider an action accomplished as perfect. Let the thought of improvement be stamped indelibly in the mind, so that each time an act is accomplished, so each time will improvement accompany it. The attention must be directed on an idea until it at last grows so as to maintain itself before the mind with ease.

Habit plays a large part in a nurses' life; we have good and many times bad habits. In correcting bad habits, encourage nurses to make new resolutions, and to act on them. Every resolution acted upon affects one's character for the better. When a resolve is allowed to go without bearing practical fruit, it is worse than a chance lost. One who constantly shrinks from making an effort to improve and to act upon resolutions made, will some day flounder in a sea of chaos, but she who keeps the faculty of effort alive by repeated efforts each day will become an expert.

In our busy "work-a-day" world we may not think the effort worth while. Many times it may be easier to pass over faults and mistakes than to stop and search out the reason. We may not think it will help many individuals into a better path and we may not, as I have said before, be able to remedy it, but at least a little help may be given, a thought may be instilled, which will in time bear practical fruit.

No matter how poorly a pupil may be doing, one may, by getting an insight into her mental and inner life, and by re-directing her energy, do much toward increasing her capability.

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#### A STATE CANCER SOCIETY

One of the recent additions to health organisations is the State Society for the Control of Cancer which was started at a meeting held in Columbus on November 22. Dr. Ransohoff, Cincinnati, presided. It is planned to conduct a state-wide educational campaign similar to the anti-tuberculosis campaign.



## RURAL DISTRICT NURSING

By SYBIL FRANCES KOELLER, R.N.

*New York, N. Y.*

Rural district nursing differs greatly from all other kinds of nursing. Tact, diplomacy, the knack of making friends with all kinds and classes of people, from the pampered millionaire to the distrustful wife of the Pole, endurance and the ability to give a smile in return for all sorts of knocks, criticism and many disappointments, these are only a few of the necessary qualities of the rural district nurse.

The work in its many phases is most interesting. There is no other class of nursing that has such an extensive scope or such wonderful possibilities. Someone asked me recently what were the limitations of my work. I could answer truthfully that I did not know. From the mother whose last son is dying of tuberculosis, she having lost three grown children in two years from the same dreadful disease, to the woman who has to ease her mind by confiding some family trouble, all find a willing and sympathetic listener in the nurse. She is always ready to lend a hand or give a kind word, wherever it may be.

School nursing is one of the most important parts of the work. In a great many cases the children are the only means of reaching the homes, sometimes situated in such out-of-the-way places that it is hard to find them. Once there, the mother will probably eye the nurse with great suspicion while she takes in at a glance a hundred and one things that should be and can be changed, but until that suspicion is overcome she does not quite dare begin, although her hands are fairly burning to get to work to show that little mother how much easier and more sensible her way is and of how much greater benefit to all the members of the family. It pays to go slowly if there is no cause for immediate action, for if once the confidence of the mother is gained, all is easy sailing and she sometimes becomes a staunch friend, and a good press agent among her friends and neighbors as well. Country people, especially, seem to have greater faith in their neighbors' advice than in the doctor's or the nurse's, and very often one will find that the order the doctor has left was carried out in an exactly opposite manner because Mrs. So-and-So just dropped in to see what the doctor had said and thought it would be much better to give the treatment in another way.

Baby Welfare Work is also of great importance. It is unbelievable, at times, how ignorant the majority of rural mothers are. Fresh

air, to their minds, is bound to kill, sooner or later. And the feeding problem! There is no regularity in nursing for the infant. The baby is put to the breast whenever it cries, and the more it cries the oftener it is fed. To teach the mothers that the baby is apt to cry from various causes other than hunger takes a great deal of patience. As soon as the baby is one or two months old, it usually is fed the greatest variety of things. I have known a baby two months old to get grapes and gingersnaps.

I recently took care of a baby a year and a half old who had pneumonia. In the course of his attendance the doctor discovered some serious liver or pancreatic trouble. He ordered irrigations and a diet. The mother, a Polish woman, was apparently very willing and, with one of the older children as an interpreter, I taught her day after day how to prepare the different foods the doctor had ordered. She could do it all very nicely. It had been my custom to visit this baby in the mornings, until one day I found it impossible to go until supper-time. Lo and behold, there sat my baby at the supper table eating fried potatoes and some impossible boiled smoked bologna. The mother shamefacedly gave as an excuse that she hadn't expected me any more. She always had things ready for me in the morning. The mother knows that now I am just as likely to come before breakfast as I am at bedtime. She is very willing in her way, but unable to speak or understand our language, which is a great drawback.

A cool, level head is necessary for the frequent emergencies. An esmarch bandage and artery clamps should never be missing from the completely equipped bag. These have saved more than one life.

Speaking of emergency cases,—one Sunday I sat in my room, writing letters. One of the many severe snow storms which make work so difficult for the rural district nurse was raging. As very often happens in such stormy weather, my telephone was out of order. About four o'clock there came a knock at the door. A very excited boy of about fourteen told me that his brother had been badly burned in an explosion. Taking only time enough to thoroughly protect myself against the raging storm and to add to my ever-ready bag such things as might be required in this case, I set out on my mile walk to the home of the patient. About three-quarters of an hour had elapsed between the accident and my arrival there. The patient sat in an arm chair, surrounded by the whole family, numbering ten, who were all crying or wringing their hands. In her ignorant way the mother had tried to do what was best for the boy and, of course, had done exactly the wrong thing. At some time or other, someone had told a friend that a friend of hers had used chopped raw potato to relieve the pains of a burn and that this was the best thing to apply, so the whole

family had chopped potatoes, dirty peels and all, and had buried the boy's entire head in a two-inch layer of them. Such a mess I have never seen! There wasn't even a fraction of an inch on any part of the head, face and neck left uncovered. I am surprised that the boy did not smother.

The patient was suffering considerably from shock, and I decided, without further delay, to treat the shock first, before cleaning the head and face to find out the extent of the burns. Meanwhile, someone had tried to get a doctor. The local doctor was making a call in a neighboring village and would not be at home for some time. All the other doctors whom we called were either out, or their telephones were out of order. So I had no choice but to try and do my best.

First of all, I banished most of the family from the room. I gave all tasks to keep them busy and so have them feel that they were of some help. The father and the biggest boy built the kitchen fire and kept it going. Some of the other boys filled the water buckets. The mother and one of the girls went upstairs to get the bedroom ready. Another girl scrubbed the pots and pans for boiling water and still another stayed with me to give assistance should I need it.

External heat, strychnine, gr. 1/30, and a coffee enema were given, and then the tedious task of removing the "potato mash" was begun. I used a tepid saline solution, and without exaggeration, it took me three and one-half hours to dig that poor head out of the mess. The burns were chiefly of first degree about the face, but the neck and ears were second degree burns and one of the hands was partly third degree. Two ugly ragged cuts on the forehead complicated matters somewhat, and after washing them with an antiseptic solution, I covered them with a piece of sterile gauze before applying an oil dressing to the burned area. I had just finished when the doctor came. I was gratified to hear him tell the family that I had accomplished all that could be done that night and after leaving an opiate for the patient, we left. The boy made a splendid recovery, but the father still insists that, to use his own words, "Them potatoes did the trick."

Rural district nursing has its unpleasant features and inconveniences, but the sincere gratitude of the simple country people, without sham or flattery, more than repays one.

I firmly believe that rural district nursing will become one of the most important of all classes of nursing, for, as the Department of Agriculture teaches the rural people how to make the most of their lands, so will the Department of Health, through the medium of the district nurse, try to teach them how to properly take care of themselves, mentally, physically and morally, and so make the most of their lives.

## DEPARTMENT OF NURSING EDUCATION

IN CHARGE OF

ISABEL M. STEWART, R.N.

*Collaborators:* LILLIAN S. CLAYTON AND ANNA C. JAMME

This department plans to publish during the coming year a series of articles dealing with practical teaching problems. The following brief outline suggests some of the general standards which can be used by superintendents and teachers to measure the results of their teaching. The succeeding articles will deal with principles and methods of teaching.

### I. STANDARDS FOR JUDGING TEACHING

#### A. What teaching aims to accomplish.

- (1) To train good nurses, that is, to help them to acquire certain specialised kinds of knowledge, power and skill which will enable them to meet their duties and responsibilities efficiently.
- (2) These duties include not only the every-day demands of the hospital during training, but the demands that will come to them in the later practice of nursing. The newer duties which are being placed upon nurses and the widening opportunities of the last few years must be considered, as well as the bedside care of the sick.
- (3) In the last analysis, the test of good nursing is the extent to which the public is helped by it, the degree of success which has been achieved in saving life, preventing sickness and relieving distress. The aim of teaching is to further this end.

#### B. In judging the quality of teaching, attention should be centered on

- (1) The effects produced in the *pupil* rather than on the efforts of the *teacher*.
- (2) The effects produced in *every day work* on the wards as well as the *class work* and *examination records* of the pupil.
- (3) The *later growth* and progress of the pupils of a school as well as their *present standing*.

#### C. The following tests or standards of the quality of teaching of any school or system, will cover the essential points to be observed (suggested largely by *Elementary Standards*, Chap. I-IV, McMurtry).



## (1) Motives of pupils

- (a) This refers to the dominating purposes which govern character and conduct.
- (b) The quality, variety and power of motives are judged by the spirit, habits, interests and activities of the pupil.
- (c) The higher grade of teaching builds on the vital interests and needs of pupils, arouses worthy and serious hopes and ambitions which persist in their future life, and strengthens moral fiber.
- (d) In the lower grade of teaching, some form of coercion is usually depended on to get work done, unworthy and selfish motives are encouraged, or motives are ignored altogether.

## (2) Considerations of values by pupils

- (a) This means the ability to appreciate the relative value or worth of ideas, to observe, compare and judge things correctly, to draw rational conclusions.
- (b) Good sense and good judgment in deciding all the practical questions of everyday life are evidence of this power of weighing values, as well as thoughtfulness and reasonableness in responding to questions in the class-room.
- (c) The higher grade of teaching places this kind of *live thinking* above the memorizing of *facts*.
- (d) The lower grade of teaching is content with the mere storage of facts and the acquisition of mechanical skill as ends in themselves.

## (3) Organization of ideas by pupils

- (a) This means the ability to systematize knowledge, to grasp the central idea and arrange subordinate ideas in their proper relationship, to classify knowledge in usable systems.
- (b) This is a good test of the completeness and thoroughness of one's grasp of a subject. It is an essential element in effective study. It shows itself in the kind of notes one takes, in the answers to questions, in the method of going to work at a practical task.
- (c) In the higher grade of teaching the *method of arranging* ideas is of as much importance as the *acquisition* of the ideas themselves.
- (d) In the lower grade of teaching, pupils accumulate masses of scrappy, unrelated facts with no power to focus on any special problem, or to find the facts when needed.

(4) Initiative of pupils

- (a) This means the ability to use one's knowledge effectively, to solve new problems and to discover new problems to solve, to pursue independent study.
- (b) Initiative is judged by the amount of self-reliance, resourcefulness and adaptability developed in pupils, by the way in which they apply their theoretical knowledge to practical situations and by their success in working with and leading others.
- (c) The higher grade of teaching encourages pupils to depend on themselves as far as possible, to submit their ideas freely for criticism and discussion and to contribute all they can to the general fund of knowledge. It seeks to stimulate "live-mindedness" and to develop individuality.
- (d) The lower grade of teaching usually substitutes tradition and authority for inquiry and investigation, imposes conventional restraints on the mental activity of pupils and fails to encourage the free expression of individuality.

II. THE TEACHER'S QUALIFICATIONS AND HER PREPARATION

A. Personal qualities which help to make a good teacher

- (1) A sound wholesome character, even disposition and a generous helpful spirit.
- (2) Culture and refinement shown in dignity and courtesy of manner, tasteful dress, correct speech, agreeable voice, and freedom from objectionable mannerisms.
- (3) Friendliness, tact and understanding in dealing with people, combined with a reasonable degree of firmness and decision, and a healthy sense of humor.
- (4) Enthusiasm, vigor and resourcefulness in planning and carrying on one's work, combined with systematic and orderly habits and good "staying" qualities.
- (5) A keen, well-balanced, well-ordered mind, combined with a real love for study and a strong desire to help others to enjoy and profit by the knowledge to be given.

B. Technical or professional experience and training

(1) Knowledge required.

- (a) The teacher must have a sound, up-to-date, scientific knowledge of the subjects she or he is to teach. It is impossible to make this exhaustive, but the more authoritative it is, the better, and it should always be well in advance of the class.

- (b) The teacher should be closely in touch with reliable sources of information, and should be constantly supplementing and verifying her knowledge by observation and study.
  - (c) The general teacher, one who covers a fairly wide range of subjects has many advantages, especially for the earlier part of the nursing course, but for the special branches, such as massage, obstetrical nursing, dietetics, etc., specialists are preferred. Where strictly medical subjects are to be treated, physicians should be chosen as teachers, nursing subjects should be handled by nurses, and so on.
- (2) Professional experience and skill
- (a) The teacher should have a wide practical experience in the branches she teaches and should be skillful in handling materials and performing all the necessary manipulations which belong to these branches.
- C. Experience and preparation in teaching
- (1) The professional experience should, if possible, be supplemented by some special training and experience in teaching, such as may be obtained in a good normal school, or an educational department of a university. This is better if it follows the professional training and is applied specifically to the problems of the training school.
  - (2) In the absence of such a preparation, much can be accomplished by the study of good books on teaching, by extension lectures and conferences on this subject and by observation of good teaching methods.

#### THE HIGH SCHOOL AND THE STUDENT NURSE

BY ANNA C. JAMES

"I am unwilling to recommend our graduates to training schools for nurses because of the low standards of educational requirements in these schools." A high school principal thus expressed himself to the writer a few days ago while in conversation on the subject of how the high school may aid in the preparation of the future student of the training school. Why should such penalization of our training schools exist when the high school should and does stand ready to give to the girl the preparation that is necessary for the training school, when the training school will demand such preparation. The high school is the interest of the community in its function of preparing its graduates for useful citizenship and to give them the preparation for an avocation in that community. The training school for nurses is also the interest

of the community. Therefore, is it not logical that a union of interest and work should exist between the high school and the training school for the benefit of the community?

The studies to be given in the high school for the girl who wishes to enter nursing need not be isolated from the general high school course, nor is it necessary that a special course should be outlined to be followed exclusively as preparation for the training school. A course that may be considered practical and feasible in every high school should present the features of a general science course. This would include the following:

*I. English.* The aim of this course will be to impart correctness and skill in the use of the English language; instruction in the general principles of composition; in oral expression; to cultivate interest in public questions and an appreciation of good literature.

*II. Latin.* First year work which would give a knowledge of declensions and conjugations; the acquisition of a reasonable vocabulary as aid in understanding English words derived from Latin which would lead to a more comprehensive understanding and interpretation of medical and anatomical terms.

*III. Chemistry.* This would be a general survey of the ground of inorganic chemistry and the first principles of organic chemistry. The laboratory has assumed a most important place in modern education. The high school laboratory as a rule affords better opportunity than can be found in the training school for simple experimentation. Household chemistry should be included in the general course or separately, emphasizing those portions of the subject related to the home, as sanitation and ventilation and the applications to the study of nutrition, to food analysis and analysis of waste products of the body. This study should not necessarily be exhaustive, but should be taught in a way that it could be applied to the ordinary phenomena of the every day life of the school girl.

*IV. Biology.* This study will provide a foundation for the study of anatomy and physiology, also bacteriology. Physiology could follow and include the study of the fundamental structure, function and conduct of the human organism, placing emphasis on hygiene rather than on anatomy. The experimental work in the laboratory could be designed to exert direct influence on the pupil for the betterment of personal hygiene. Field work could show the local control of the public health with reference to food, infection, contagion, etc. Bacteriology may be reserved for the training school or possibly elementary work could be taken in connection with the subjects under physiology.



*V. Home economics.* The course, as designed in high schools, is primarily to prepare girls to become better home makers which qualification is an essential for successful nursing. The course will include domestic science and home nursing, and in connection will take up the study of food principles, food production, source, composition, preparation for market, effect of heat and cooking, methods of cooking, digestibility and food values. These problems are important in that they affect not only the home maker but enter most intimately into the work of the nurse. Home nursing would include the care of the room, bed making, taking temperature and pulse, bathing a patient in bed and bathing a baby. This should be taught by the school nurse.

*VI. Mathematics.* Although this deals, in the high school, with exact science, the student has not as yet been trained in mathematics which deals with concrete problems. There should, therefore, be thorough drill and frequent reviews of problems under topics already mentioned and cultivation of the power to think and reason rather than to memorize set formulae.

In addition to the above mentioned subjects which may be considered as necessary requirements for training schools, electives may be recommended as, one foreign language, French or German, and either sociology or psychology or both.

Now how shall this be done? The answer is simple enough. When the girl enters her high school and selects her course she will find in the curriculum the studies leading to nursing. Should she change her mind later nothing is lost and she can go in the direction either of the normal school or college taking her credits on these various subjects which are demanded for entrance both to normal school and college. Should she decide, following her course of training, to take work in a university, these credits will still be of value.

Without any doubt could the students in the high school be given a comprehensive view of what is necessary to study in preparation for nursing, the reasons for such study, and value to them later in their career by assisting their efficiency and increasing their earning power, it would be a means of lessening the exodus from the high school at the end of the second year. When credits for full high school work in the branches named will be offered by the training schools then the connection between the high school and the training school will be cemented, and there will be less reason for the familiar accusation that the training school encourages low education requirements.

## NARRATIVES FROM THE WAR

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

Nearly twelve hundred Canadian Indians have enlisted for active service at the front. Lieut. Cameron Brant fell at Langemarck; he was a great-great-grandson of Joseph Brant who rendered valuable service to the British in 1776. These men have displayed great intelligence and endurance and are excellent riflemen. The Indians contributed over \$7000 to war funds in one year. The Indian women have helped by knitting socks, mittens, mufflers and other comforts. The Indian population of Canada has increased by 2030 in the last year.

Inoculation against typhoid has caused 'a remarkable decrease in the cases of that disease amongst the French troops. In two months of 1915, there were 10,689 cases; in the corresponding period this year there were only 1798, most of these being men who had refused inoculation.

Belgium and the occupied districts of France 'are being denuded of men to make good the failing supply of workmen in munition factories in Germany. Prisoners of war have long been used to fill up the depleted ranks of labor.

The German post office officially announces that "owing to temporary dislocation resulting from the war" it cannot guarantee the safe arrival of money orders sent to German colonies.

About 120 persons, farmers, fishermen and boys, who in recent months have been engaged in salvaging raw rubber which has floated into the bays and creeks of Islay, one of the Inner Hebrides Islands, had \$11,500 divided between them as salvage money.

The entire city council of Brussels with the aldermen were arrested for refusing to surrender lists of the unemployed in the city. They were released when it was found that the lists had been taken by the Germans.

Tuberculosis is attacking the children of Belgium at an alarming rate. Hunger and privation are the chief cause, food and more food the best preventive.

Meatless days are not wholly a modern war-time institution. In the middle of the sixteenth century an English war enforced abstinence from flesh, not only in Lent and on Fridays but also on Wednes-

days and Saturdays. The object was the encouragement of the fisheries. Four women who had a dish of meat in a London tavern during Lent, 1563, were put in the stocks all night and the owner of the tavern was set in the pillory.

Nelson, a town in New Zealand of about 10,000 inhabitants, with suburbs and smaller towns in the district, not 20,000 persons in all, raised in less than a month \$125,000 in aid of sick and wounded soldiers.

The Princess Henry of Battenberg, the youngest daughter of Queen Victoria, presented the remnants of the first Newfoundland Battalion with a silver shield and colors. This had been subscribed for by the women and children of Great Britain as a tribute to the bravery of the troops of the oldest British colony. In one short hour at Somme, July 1, 1916, it lost 90 per cent of its men in a brilliant attack against an almost impregnable position.

A German food ticket is a numbered and dated card or paper, obtained from the local authorities. It entitles the holder to obtain, at a fixed price, the particular article required, bread, meat, soap, etc., if the shopkeeper to whom it is presented has the food in stock. The various tickets are issued gratis in perforated sheets. No shopkeeper dare sell food to anyone without a ticket.

Standard bread is to be used in England instead of bread made from white flour. Standard flour is made of at least 80 per cent whole wheat flour, with the addition of corn meal. For a generation or more medical opinion has been on the side of the brown, or whole meal, loaf.

The *London Times* has raised a fund of \$25,000,000 for the Red Cross and the Order of St. John of Jerusalem. This is used for the sick and wounded, both of the British forces and those of the Allies.

Confetti were thrown from an aeroplane upon an officer of the Royal Flying Corps and his bride, after his marriage at Hendon parish church in England.

The German submarine is standardized as to its production. The drafts and the prints of its most important machinery are multiplied and sent, if necessary, to twenty different factories, while all the minor stampings are produced at one or other main factory.

The Tamils, living in the Federated Malay States, have contributed generously, according to their means, to the British War Relief fund. They earn on an average \$30 a month, and out of that always have to support relatives.

## EVENTS OF THE DAY

IN CHARGE OF

GARNET ISABEL PELTON, R.N.

**THE WAR.** A deadlock exists on all the battle-fronts, due largely on the Western, Russian, and Italian, to weather conditions. At Saloniki, on the Macedonian front, the Allies are delayed from making an advance on account of the present limited dockage facilities for landing troops and supplies necessary to support an army moving constantly farther from its base.

The Allies have continued tightening the screws on Greece by demanding the removal of enemy diplomats, the surrender of certain guns and ammunition, and by a blockade of Greek coasts.

Roumania is apparently crushed, the Central Powers having already taken one-half of the country, including the capital, Bucharest.

Arabia, a country one-third the size of Europe, has declared its independence of Turkey, to which it has been for centuries an unwilling subject.

The Belgian minister of justice has protested to our government against the deportation of 40,000 Belgian men to Germany for military work, saying 300,000 are to be deported, thus releasing an equal number of Germans for the German army. Cardinal Mercier, primate of Belgium, also protests to the civilised world, describing the brutality of these deportations. But General von Bissing, German governor of Belgium, says of this deportation that "at bottom it is a blessing" because "nothing so demoralises a man as long idleness" and that these men are taken from the unemployed. Our government, while not formally protesting, has suggested to Germany the bad effect that these deportations will have on neutral opinion.

**EMPEROR FRANCIS JOSEPH.** The death of the Emperor Francis Joseph of Austria-Hungary closes the longest actual reign of European history. A political review of those sixty-eight years would constitute a history of modern times. From the beginning of his reign, the terrible curse of a mother whose son, condemned to death, he felt he could not pardon, seems to have been strangely fulfilled in the tragedies of his personal life. Besides attempts on his own life, his wife was killed by an anarchist; his only son was found dead by violence; his next heir, a nephew, fled the country as captain of a merchant ship and has never been heard from; the succeeding heir, Arch-



duke Francis Ferdinand, was assassinated by a Serb in Bosnia in 1914, which deed precipitated the present war. The Emperor's brother, Maximilian, was executed in Mexico as the result of his ill-advised attempt to become that country's ruler. The next heir, a grand-nephew, has ascended the throne as Charles I, the first of his line to be educated in the public schools.

**THE NEW BRITISH PREMIER.** David Lloyd-George, chosen premier of Great Britain on Mr. Asquith's recent resignation, is the "man of the hour." A Welshman of modest origin, his rise has been meteoric. A few years ago he startled England with his reforms as Chancellor of the Exchequer. The most notable of them were a radical increase in land taxation, the curbing of the veto of the House of Lords, old-age pensions, and insurance against illness and unemployment. At the outbreak of the war his handling of the war finances was unprecedented and successful. Later, when England was suffering from a shortage of ammunition, as newly-created Minister of Munitions he rapidly overcame the difficulty. On Kitchener's death he was appointed Secretary for War. Today he is chosen the political monarch of the Empire.

**THE PRESIDENT'S MESSAGE.** The last session of the Sixty-fourth Congress opened December 4 and will close March 4. Following his custom, President Wilson read his message to the assembled Houses. Contrary to expectation, he did not touch on the high cost of living, but merely urged action on certain unfinished business of the previous session. Under the first heading the President asked for the enlargement and reorganization of the Interstate Commerce Commission, that it might deal more thoroughly and promptly with its great and various duties. He no longer advocated the action of Congress regarding an increase of freight rates to reimburse the railways for the cost of the Adamson Eight Hour Law. He earnestly advised Congress to enlarge the powers of the existing arbitration tribunal that it might enforce investigations in case of railroad wage disputes, and prohibit strikes or lockouts pending inquiry. He also asked Congress to give the Administration power to take control of railways with their employees in case of military necessity. The second heading dealt with greater freedom of business combination to promote foreign trade; the amending of the present laws of Porto Rico; and a bill proposing a more systematic regulation of election expenses, (more commonly called the "Corrupt Practices Act"), which will not permit the election of the highest representatives of the Government to be controlled by money. The third heading took up the bill for industrial and vocational training. Many other matters will, of course, come up for legislation.

## THE RED CROSS

IN CHARGE OF

JANE A. DELANO, R.N.

*Chairman of the National Committee on Red Cross Nursing Service*

Clara D. Noyes, recently appointed director of the Bureau of Nursing Service, assumed the duties of the office on September 20, 1916.

With the development of a large personnel for the use of the Navy it seemed desirable to secure, if possible, the assistance of a member of the Navy Nurse Corps, and we were most fortunate in having assigned to the Nursing Bureau on September 25, 1916, by the Surgeon General of the Navy, Katrine E. Hertzer, for several years a member of the Navy Nurse Corps. Miss Hertzer was born in Ohio and is a graduate of the Illinois Training School for Nurses. She remained after graduation as an instructor in the training school and later became superintendent of nurses at the City and County Hospital, St. Paul, Minn. She was appointed a member of the Navy Nurse Corps in 1911 and was made a chief nurse in 1912, serving in this capacity at the United States Naval Hospital, Chelsea, Mass., until 1914. She accepted appointment in August, 1914, as an American Red Cross nurse for service in Europe, being assigned to duty with the Unit in Budapest, and later transferred to Siberia, Russia, with the Unit sent to that country for the care of prisoners of war. Every effort has been made to maintain the closest possible relationship between the Army and Navy Nurse Corps and the Red Cross Nursing Service, the superintendents being members of the National Committee on Red Cross Nursing Service. We believe that this cooperation greatly strengthens the nursing service of the Red Cross and will render it more efficient should it ever become necessary in the event of war to call out any large number of Red Cross nurses.

There is a great desire on the part of the state associations of nurses and other nursing organizations to include in their programs an address on Red Cross work. Unfortunately, due to the pressure of work at Red Cross headquarters, it has been impossible to meet the demand. Our chairman was, however, fortunate in being able to plan for a trip through the middle west in October, and had the pleasure of attending meetings of the state nurses' associations in New York, Wisconsin and Minnesota. She greatly appreciated this opportunity to meet the nurses as well as the Red Cross chapter officers

and others interested in Red Cross work, as we are most anxious to establish a definite and satisfactory relation between Red Cross chapters and our local committees on nursing service. While in Minnesota a day was spent in Rochester where meetings had been arranged not only for the nurses and public but for the staff of physicians associated with the Mayo clinic. They are greatly interested in a base hospital unit, funds for which have already been given by the Mayo Brothers, and hope soon to have the personnel enrolled.



GROUP OF RED CROSS NURSES, BASE HOSPITAL, NOGALES, ARIZONA

There has been no special change in the status of the base hospital units since the last report, but in addition to the Navy Unit being organized in Brooklyn with Frances Van Ingen, as chief nurse, the following Navy Units are in progress: Jefferson Hospital, Philadelphia, Pa., Myrtle Luman, chief nurse; San Francisco, Calif., Elizabeth Hogue, chief nurse; Los Angeles, Calif., chief nurse not yet selected.

Our local committees have all been asked to organize at least one

emergency detachment consisting of ten nurses each. They have responded with enthusiasm, as this gives an opportunity for all enrolled nurses to volunteer for service in the event of war. Twenty-two are already organized or in progress.

A more recent form of organization is the Red Cross Navy detachments consisting of twenty nurses each, one designated as head nurse. Forty-eight training schools connected with general hospitals were asked to organize these navy detachments, and out of this number fifteen superintendents of training schools have responded, signifying their intention to organize a Navy detachment as rapidly as possible. We have called upon hospitals not already asked to organize base hos-



WHERE BREAD IS BAKED FOR THE SOLDIERS

pital units, thus giving opportunity to additional hospitals to render a valuable service to the country. The names of the superintendents who are organizing these Navy detachments are as follows: Mary M. Riddle, Newton Hospital, Newton Lower Falls, Mass.; Susan E. Emmott, St. Luke's Hospital, New Bedford, Mass.; Anna E. Rothrock, Union Hospital, Fall River, Mass.; Mrs. Carrie E. Bath, St. Luke's Hospital, New York City; Bessie Millman, Orange Memorial Hospital, Orange, N. J.; Katherine Brown, Protestant Episcopal Hospital, Philadelphia, Pa.; Lottie Darling, Allegheny General Hospital, Pittsburgh, Pa.; Lucy Minnigerode, Columbia Hospital, Washington, D. C.; Sister Flavia, Providence Hospital, Washington, D. C.; Margaret B.



Cowling, University Hospital, Charlottesville, Va.; Lila Pickhardt, Pasadena Hospital, Pasadena, Calif.; Esther A. Brown, St. Luke's Hospital, San Francisco, Calif.; Ethelyn Hall, Seattle General Hospital, Seattle, Wash.; Johanna Burns, St. Luke's Hospital, Seattle, Wash.; Katherine Flynn, San Francisco Hospital, San Francisco, Calif.

Late in July a call for nurses for service on the Mexican border came from the Surgeon General of the Army. Fortunately we had already taken up the organization of Emergency detachments little realizing, however, that they would be needed so quickly. We had no difficulty in securing the required number, and have sent altogether one hundred and forty-four Red Cross nurses to the military hospitals in Texas, New Mexico and Arizona. (The names and destinations of these nurses have been reported through the notes from the Army Nurse Corps.)

A special effort was made to call upon committees that had not been active in securing nurses for Europe, so that the experience which we consider most valuable could be widely distributed. For the same reason comparatively few nurses were selected who had been on duty in Europe. We were most anxious to give each base hospital unit an opportunity to send two nurses for actual experience in a military hospital, and a special request was sent to the Surgeon General for permission to do so. This request was granted with the assurance that the nurses selected would be transferred to their own units should any of them be called into service.

The chief nurse of each base hospital unit was asked to designate two nurses for this assignment, and the following have representatives in the various military hospitals on the Border: Bellevue, Presbyterian, Post Graduate, Mt. Sinai, German Hospital, New York City; Boston City, Massachusetts General, Peter Bent Brigham, from Boston, Mass.; Lakeside, Cleveland, Ohio; Cincinnati General, Cincinnati, Ohio; Rochester, Rochester, N. Y.; Harper Hospital, Detroit, Mich.; Washington University, St. Louis, Mo.

The annual meeting of the American Red Cross was held at Rauscher's on December 13. The morning session was largely devoted to the reading of the reports of the various departments.

Delegates from State Nurses' Associations were in attendance as follows: California, Alma Wrigley; Connecticut, Florence M. Redfield; Georgia, Jane Van DeVrede; Delaware, Evelyn Hayes; District of Columbia, Lily Kanely (Alternate, Mary H. Culbertson); Illinois, Minnie H. Ahrens; Kentucky, Anna E. Flynn; Maryland, Mrs. Geo. F. Sargent; Massachusetts, Emma Nichols; Michigan,

Agnes Deans; Missouri, Anna Barr; New Jersey, Helen Stephen; New York, Mrs. H. D. Burrill; North Carolina, Cleone Hobbs; Ohio, Abbie Roberts; Wisconsin, Cora V. Nifer; West Virginia, Nellie Manning. Arrangements were made to bring these delegates and representatives from the state and local committees on Red Cross Nursing Service together for luncheon, making it possible for those coming from various sections of the country to meet.

Frederick C. Walcott who has recently returned from a trip through Poland told of the conditions in that country, and of the large number who are without shelter and starving for lack of food. He made a special appeal to the Red Cross to do everything possible to relieve the suffering in that country. Otto T. Bannard of New York told of the conditions in Serbia and of the destitution of the civil population and the need of establishing some form of relief work in that country. In connection with this it will be of interest to the readers of the JOURNAL to know that Mary E. Gladwin sailed on December 9 to investigate the conditions in Serbia and to make a recommendation in regard to a definite plan of relief. Anna L. Reutinger who was asked to present a paper on her experiences in Germany and Russia was unfortunately unable to attend the meeting. Fredericks Farley gave a graphic account of the work of the Russian Units in Kief, Russia, and of their journey from Petrograd to Kief. She spoke of the systematic arrangement made for the admission of the patients to the hospital and the prevention of an epidemic through the carrying out of the necessary precautions.

Miss Boardman as usual gave a reception on the evening of December 13 and Miss Delano was at home to the nurses on the evening of December 12.

A special session was held for the chapter delegates on the morning of December 14. The importance of coöperation between the Red Cross Chapters and the Nursing Service of the Red Cross was brought out by the chairman of the National Committee on Red Cross Nursing Service, Clara D. Noyes and Fannie F. Clement.

A meeting of the National Committee on Red Cross Nursing Service was held on the morning of December 12. A resolution was adopted, recommending to the Central Committee the placing of all nursing activities under the National Committee, and that the three national organizations of nurses should be represented on this committee. Provision was made for the appointment of a special committee to work out the details of re-organization. This recommendation was adopted by the Central Committee of the Red Cross on the morning of December 13. It is believed that this change will mean

an increased interest in the Red Cross Nursing Service and will insure the coöperation of the three national organisations. The great development of the Red Cross Nursing Service during the past year has made such coöperation essential. It needs the interest of the National League of Nursing Education in the development of the classes of instruction for lay women, and the coöperation of the National Organisation for Public Health Nursing in the further development and extension of the Town and Country Nursing Service. The National Committee has been empowered to appoint such special committees as may be necessary for the conduct of the nursing activities.

SUMMARY OF THE SEVENTH ANNUAL REPORT OF THE NATIONAL COMMITTEE  
ON RED CROSS NURSING SERVICE

The regular meetings of the National Committee have been held during the year and the only change in the personnel of the committee has been the resignation of Marion Oliver who was appointed in December, 1915. We have 755 nurses throughout the country serving on 44 state committees and 71 local committees with a total enrollment of 7,600—1,600 having been enrolled during the past year. Owing to the great increase in the work of this committee, a bureau of nursing service has been created and Clara D. Noyes, for several years general superintendent of Training Schools at Bellevue and Allied Hospitals, was appointed director of the bureau on September 20, 1916. Katrina Hertser, a member of the Navy Nurse Corps, has recently been assigned by the Surgeon General of the Navy to assist in the Bureau of Nursing Service. At the beginning of the year we had 62 Red Cross nurses still in Europe, 20 of them are still remaining, not under the support of the Red Cross, and Helen Hay and Rachael Torrance are being maintained for service in Bulgaria. The nursing personnel of our Base Hospital units when completed will consist of 50 nurses, 25 nurses' aids, 15 reserve nurses and 25 reserve nurses' aids in each unit, making a total nursing personnel in the 22 Base Hospital units now being organized of 2,530. The four Naval Base Hospital units will have a personnel of 40 nurses, 20 reserve, and 14 nurses' aids each, making a total of 296. We are also organizing navy detachments of nurses in 15 hospitals with a personnel of 20 nurses, and emergency detachments in connection with all of our local committees consisting of 10 nurses each, which will give us several thousand ready for service. We have sent during the past summer 146 nurses for service on the Mexican border, and they are assigned to the military hospitals in Texas, New Mexico and Arizona. These nurses were selected from 15 different states. Fourteen of our Base Hospital units sent 2 nurses each for experience in the military hospitals.

Owing to the interest in preparedness, there has been a great increase in the number of classes organized for instruction in elementary hygiene and home care of the sick and in the special course, including five lessons in first aid, which was temporarily adopted at the last annual meeting. We have instructed during the past year 180 classes in elementary hygiene and home care of the sick and 197 classes in the special course. Six thousand, five hundred and fifty-five pupils have received instruction and 3,927 certificates have been issued. The nursing service has coöperated with the Navy League in giving Red Cross in-

struction at their encampments held in the following places: Chevy Chase, Maryland; San Francisco, California; Fort Lawton, Seattle, Washington; Vancouver Barracks, Vancouver, Washington; Lake Geneva, Wisconsin; Billerica, Massachusetts; Narragansett Pier, Rhode Island. At the present time there are 139 classes in elementary hygiene and home care of the sick in operation with a total enrollment of 2,159 pupils. A course in the preparation of surgical dressings was established early in the summer. A large number of classes have been instructed, 521 certificates have been issued and 111 instructors have been authorized. There has been received through the chairman of the National Committee on Red Cross Nursing Service, acknowledged and transmitted to the finance department over \$12,000. This includes about \$4,500 from the sale of textbooks on elementary hygiene and home care of the sick; over \$3,500 from class fees; nearly \$3,000 miscellaneous receipts, and \$1,500 membership subscriptions sent in by enrolled Red Cross nurses. A full report of the work of this committee has been printed.

#### MOBILIZATION OF BASE HOSPITAL UNIT NO. 4

On October 28 a practical demonstration of the mobilization of a base hospital unit was given in Philadelphia. Base Hospital No. 4 from Lakeside Hospital, Cleveland, with Dr. Crile, the medical director, and Grace Allison, the chief nurse, was selected by the director general of military relief for this purpose. One half of the nursing personnel, 25, reported for the mobilization. It was decided not to call upon the nurses' aids. The equipment for a hospital of 250 patients was forwarded from the Bush Terminal for wards, operating room and nurses' quarters; this was set up, beds made and everything in order in 24 hours after the arrival of the nurses. Tents were used and the location chosen was that of Belmont Plateau in Fairmont Park. They were compactly arranged around an area, 1,000 feet long, 500 feet broad, covering in all about 12 acres in extent. Although a tent hospital is not considered ideal for a base hospital, it was the consensus of opinion of the surgeons present that patients could have been received and satisfactorily treated under the existing conditions. The nurses spent one night in camp comfortably quartered in tents, returning to Cleveland on the night of the 28th, and we are glad to report, without accident or special discomfort.



## NURSING IN MISSION STATIONS

Since printing, last month, a short notice of the annual meeting of the Nurses' Association of China, a full report has reached us, from which we print the following abstracts:

The seventh annual meeting of the Nurses' Association of China was held in Shanghai, August 30-September 4, with an attendance of thirty-seven members. The sessions were as follows:

*Wednesday afternoon.* Opening exercises.

*Thursday morning.* The Nursing of Tubercular Patients by Miss Hayward of Peking was considered under three heads, 1, a sketch of modern sanatorium treatment; 2, a practical and thorough study of how this may be adapted to Chinese hospitals; 3, the duty of nurses in lessening and preventing this disease.

In the discussion following, much help was interchanged as to the diet of tubercular patients. The Chinese do not care for, nor is it always possible to obtain our Western food, and the problem of giving sufficient nourishment is a real one. Bean curd milk, made by factories in some places; buffalo milk brought to the boil and the thick skin removed; goat's milk; mutton broth with bread; red bean broth with barley; all these were highly recommended. Each nurse was asked to hand to the president the name of an article of food which could be obtained in her locality, that this information might be incorporated in a book of dietetics. For carrying children into the open air, one hospital had a Bradford frame sent out from home, and others made locally.

The second paper of the morning was on The Responsibility of Student Nurses to Evangelistic Chinese Work by Miss Leybourn of Foochow. She urged the setting apart of a definite time each day for such work. In the discussion the question was raised, Shall we admit non-Christian girls as pupil nurses? The president summed up the discussion: It is felt by the Association that Christian girls are to be preferred as pupil nurses, but experience has shown that when there are a few non-Christians among them, these usually decide for Christ, and may become efficient workers.

*Thursday afternoon.* This session was in Chinese, the men and women nurses of the city being present as guests. Uniforms of the various schools were hung in front of the hall for examination and discussion. Miss Clark of the Shantung Road Hospital, Shanghai, emphasized the duty of nurses to their patients, the public and the profession.

*Friday morning.* The subjects discussed were Care of Lepers and Care of the Insane. Miss Tasy described the work for lepers in Dr. Main's hospital and said that when the patients were kept clean and sanitary the fight was half won. Mrs. Fowler described the development during seventeen years of an institution in Siaokan, Hupeh, from one of twenty patients in unsanitary surroundings to a comfortable refuge for one hundred and sixty. In considering the care of the insane, Mrs. Fryer told of the hospital of Dr. Sheldon of Canton, where all are housed on the ground floor and no restraints are used except for violent patients. The discussion which followed brought out the facts that in Shanghai is a refuge for the insane supported entirely by the Chinese, and directed by Dr. Chalmers; also a home for the aged, blind, lame and lepers, cared for by the

French Sisters, but supported by the Chinese. In Soochow, Dr. Wilkinson gives the ground floor of his Women's Hospital to insane women, taking only hopeful cases. The great need of this work was shown when it was mentioned that there is an average of one insane in every family in China, and the great majority are uncared for and unprotected.

*Friday afternoon.* Miss Hood of Soochow read a paper on Shall We Use Ward Maids and Orderlies? which brought out a practical discussion. The nurses felt that the students should be taught that no work is menial but that, on the other hand, young Chinese girls are not used to hard work and are not strong. This was followed by a paper on The Nursing of Chinese Children by Miss Chisholm of St. Luke's Hospital, Shanghai.

The discussion of this question turned on two points, first, the feeding of the sick child, and second, the wisdom and practicability of allowing friends to stay with him. Regarding the first, a thin porridge of rice, millet, etc., cooked for six hours and flavored with salt, sugar, or with a raw egg beaten in; fish broth; emulsion of rice husks and cinnamon; red beans and barley broth; buffalo milk boiled and the skin removed; were all mentioned as having good food value. Regarding friends, the suggestions were: Allow nursing mothers to stay; let friends pay for a room and conform to hospital regulations; let them stay near by and see how the child is cared for, and then they will be satisfied; children are more easily managed if the mother is not at hand; if very ill, it is a great help and comfort to have the mother present.

*Friday evening.* A joint meeting with the Shanghai Medical Association. Miss Gage read a paper written by Miss Tomlinson on The Nurses' Position in Hospitals in China.

*Saturday morning.* Mrs. Burnip of Shanghai spoke on Midwifery on a District in Central China, an account of work she had previously done at Hankow. The difficulties experienced on account of the unwillingness of young Chinese ladies to do this work were overcome by allowing only the seniors to do it, thus putting a premium on the work. Another difficulty was to make the nurses realize the need for haste. A list of four names, the first two to be ready at a moment's notice, and a fine imposed for lateness, solved this trouble. Tin cases were made and used instead of leather bags; hot and cold boiled water, basins, etc., were carried, the nurses wore colored uniforms, white conveying to the Chinese mind the idea of death. Two nurses went together, with a foreign lady accompanying them.

*Saturday afternoon.* Visits were made to the Institute for the Blind and to various hospitals and other institutions.

*Monday morning.* A business session. It was decided to hold conventions biennially. Thirty-seven new members were received. There was discussion as to whether it was best for the Association to publish its material in the medical journal, as has been done, or to issue a separate small publication of its own. It was decided to continue holding space in the medical journal but to take a different position in the magazine at the end of the other material, full control to be exercised by the editorial secretary. The definite requirements for examination in different subjects were discussed and outlined. The next conference will be held in Foochow in 1918. The officers of the Association are: president, Alice Powell, Peking; vice president, M. E. Baldwin, Foochow; treasurer, E. Stuart Chisholm, Shanghai; general secretary, L. A. Batty, Shanghai; assistant secretary, M. R. Odgen, Anking; editorial secretary, Laura Wells, Shanghai.

## DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF

EDNA L. FOLEY, R.N.

*Collaborators: BESSIE B. RANDALL, R.N., Visiting Nurse Association, Omaha, Nebraska, ELIZABETH GREGG, R.N., Health Department, New York City*

**POST GRADUATE WORK.** An ex-visiting nurse who has been doing very good work in a small town community recently wrote us in regard to an industrial position which she could have for the asking. In her letter she said that her plans for post graduate work were well known to the recipient of it, but would not a position with this corporation be just as helpful as post graduate work? The following was our reply:

"I could not advise you about the position with the — — without knowing more about it. If it is a fairly comfortable position with a good salary, into which you will slip and stagnate for the next ten years, don't take it. If it offers you an opportunity to do intelligent, constructive welfare work for a lot of employees, with the assistance of a good physician and a good general manager, it is worth considering. No matter how good a position is, however, nothing will compensate you for giving up post graduate study for it. The country is full of good positions—there are going to be more of them, and you are young enough to make any sacrifice now for post graduate work; five years hence it may not be so easy. If the salary is larger than you are getting now and will enable you to save more, why not take it for two years and go to Teachers College instead of post graduating in ——. Do not take it simply because it is a good position; see how much future it offers you before you make any change in your present plans. There are two kinds of industrial positions—one (rare), enables a nurse to develop the work and herself to her utmost ability; the other wants a good employee who will prevent minor infections from becoming serious and who will make herself as unobtrusive as possible. There are a great many positions of this latter sort—probably due to the fact that Illinois has a good workmen's compensation law. They are not fair to a progressive nurse, however, and I don't advise nurses to consider them seriously. Whatever you do, don't give up the idea of a post graduate course. Postpone it for a year or two, if by so doing you can make Teachers College possible, but don't give it up permanently."

COLORADO. A very interesting course of instruction to invalids, pupil nurses and graduate nurses is being offered by the Colorado Springs Society of Occupational Therapy, with Susan S. Harris, as Occupational Director. The aim of this course is threefold: (1) The patient's physical improvement; (2) his educational advancement; (3) his financial betterment. The method is based upon a threefold principle: (1) The realization of resources; (2) the ability to initiate activities; (3) the participation in such activities of invalids, convalescents, and the handicapped. Thanks to the intensive work in this subject done by Miss Tracy of Boston, and the Mental Hygiene Society of Chicago, under the stimulus of Elnora Thomson (Presbyterian Hospital, Chicago), we are all being awakened to the realization of the shut-in patients' needs. Patients who are only temporarily ill, need resources and occupational diversions quite as much as chronic cases whose only future seems to be bounded by the four walls of a bedroom. There is surely going to be a broad field for nurses thus trained in invalid occupations, and the nurses who go into the work will undoubtedly feel more than repaid for the expense and time expended upon it.

NEW YORK STATE. The State Charities Aid Association is planning a very comprehensive system of state-wide clinics for the treatment of infantile paralysis cases. The work was organized with the assistance of Dr. Robert Lovett of Boston; and two physicians and several nurses are going throughout the state holding one or two clinics daily where children are examined and local physicians and mothers are advised regarding their treatment. New York public health nurses have been of greatest assistance in this campaign, for they have notified their patients and have helped to make the clinics a success. The excellent condition in which most of the patients are found shows the careful treatment which has been given by local physicians during the acute stages of the disease. Several interesting publications and leaflets on the subject—notably the *Bulletin* for November and an article by Dr. Robert Lovett entitled *The Management of Poliomyelitis with a View to Minimizing the Ultimate Disability*, are being issued by the State Charities Aid Association. Nurses desiring this literature should write directly to the headquarters of the Association, 105 E. 22nd Street, New York City.

Although New York City and New York State were most seriously crippled by this infection, a number of other states, notably Ohio, Minnesota, Pennsylvania and Illinois, had more of the disease than was at first believed. The State Board of Health of Illinois is planning to get under observation every convalescent case in the state;



and the Chicago Visiting Nurse Association, by means of a special committee, is attempting to visit and instruct each case registered in Chicago.

Although not very much is known about the disease, apparently, the study published in the *Survey*, recently, is interesting in that it shows that in 7000 cases, only 6748 families were affected. In 205 families there were 2 cases; 20 families had 3 cases; 1 family had 4 cases and 1 family had 5 cases. In spite of the exposure of thousands of children and adults, a very great many people escaped the infection; on the other hand, adults and children who were most carefully guarded developed the disease.

A post graduate course in muscle-training and after-care nursing is now being given at the Children's Hospital in Boston, and a somewhat similar but more restrictive course is being contemplated in Chicago. During the height of the epidemic in New York, very few nurses were found who had had experience in the after-care work, and now nurses and masseuses who understand muscle training and other after-care treatment are almost at a premium.

INDIANA. The following letter from the Public Health Nursing Association of Terre Haute was recently sent to each physician in town. The question of obtaining coöperation with local physicians is of such vital importance that all nurses undertaking this work in new fields will be glad of an opportunity to see how this problem has been successfully solved by a recently-organized society.

We have launched the work of The Public Health Nursing Association of Terre Haute, and we earnestly ask your coöperation. Our purpose, first, is to give skilled nursing care to the sick in their homes; second, is to teach personal hygiene, cleanliness and the prevention of disease. The work is not intended in any way to substitute the work of the physician, as the attendance of a physician in all cases will be imperative, and strict ethics required of the nurses. Regarding cases where there is no physician in attendance, and the family refuse to call one, the nurse will only make the initial visit. Should the family be strangers and insist upon the nurse advising them regarding a physician, she will refer them to the nearest doctors in the neighborhood, or if the case be an indigent one having no family physician, it will be referred to the township trustee. The poor will be our first consideration, our second will be the middle class; the length of visits varying from one-half hour to an hour. A fee will be charged wherever it is possible to collect one, the maximum fee being fifty cents. An extra charge of from ten to twenty-five cents will be made in maternity cases where the nurse cares for the infant. The very poor will be allowed to pay any small amount they can afford. We will desire a diagnosis of each patient nursed: (1) To enable us to give as much and as careful nursing as indicated; (2) to protect the nurses from the danger of infection to themselves and others; (3) to enable us to show, by carefully kept statistics, the kind of cases under our care and the approximate amount of nursing service required by the dif-

ferent types of cases. Our standing orders for First Aid have been approved by the Vigo County Medical Society. Any or all of these orders may be canceled or substituted for at any time by the physician on the case who prefers to leave *specific written orders* in each family. The above orders are intended to serve for the interim. We employ only registered graduate nurses, in good standing, and we feel that the physician will not only benefit by the work the nurse does herself, but that through her cooperation his instructions will be more faithfully and intelligently carried out by the friends and relatives of the patients. Asking for your cordial cooperation, we are, Very sincerely,

THE PUBLIC HEALTH NURSING ASSOCIATION OF TERRE HAUTE.

The Terre Haute work has been very well organized. All of its publicity has been done through the local Council of Women's Clubs, and the splendid backing which they have given the work has meant a great deal to it. Lillian M. Rose is supervising nurse, and she has two assistants. They began their work as an organization on October 1. They are planning to use the records of the National Organization for Public Health Nursing.

The new form authorized by the National Organization at the New Orleans meeting is now printed and is being used by a number of smaller organizations, although up to date the Chicago Visiting Nurse Association is the largest organization using this record for nearly all of its cases. The Instructive District Nursing Association of Washington, D. C. is also using this form and other associations are considering its adoption.

The Mental Hygiene Society of Chicago has recently compiled a new history card for its work, and has carefully incorporated all of the suggestions made in St. Louis, San Francisco, and New Orleans, so its records will in the future be just as helpful in comparative work as the form prepared and authorized by the National Organization. If this can be done so successfully for the Society of Mental Hygiene, surely Infant Welfare and Tuberculosis organizations can use a modified form of this record, incorporating in their new records all of those items and such additional items as the special work of each agency requires.

# HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF

MARY M. RIDDLE, R.N.

*Collaborators:* ADDA ELDREDGE, R.N., LAURA E. COLEMAN, R.N.

## THE ADMISSION OF PATIENTS AND THE CONTROL OF VISITORS

BY LAURA E. COLEMAN, R.N.

*Buffalo, New York*

Very few people realize how much of a patient's contentment and happiness within the hospital is founded upon his first glimpse of the entrance hall and admitting room. His first impression should be one of hospitality and efficiency. He should be received graciously, seated comfortably if ambulant, and this applies to the so-called charity patients even more than to wealthy paying-patients; then the necessary questions should be asked in a business-like but pleasant manner, one that implies a personal interest. Too often one sees an admitting-clerk ask a patient the necessary questions as perfunctorily as though he were cataloguing inanimate objects.

The formalities of admission finished, a nurse should be called from the floor to which he is to be admitted, and it is scarcely necessary to add that she should be immaculate in uniform, bright and interested. She should greet the patient pleasantly and then take him to his room or bed. This method of admission insures prompt attention to the patient when he reaches the floor and makes him feel that he is an individual as well as a patient, a point we sometimes appear to lose sight of in our busy hospital life. Ambulance cases and emergencies, however, must be admitted directly to the floor or department. These are always accompanied by a house physician, and are met by a charge-nurse immediately on reaching the floor, which makes them feel that they are expected and welcome. Nothing so disturbs a patient as to feel that his arrival is not planned for and that no place is waiting for him.

A hospital is really a hotel for sick people, and every provision made by a first-class hotel for its guests should obtain in a hospital of high grade.

These first courtesies, with the nurse's directness of manner, gain the confidence of the patient and his family, a confidence not easily

shaken even if he be terribly ill during his stay, and who can say how much this confidence and trust help toward his recovery?

The private-room patient, however, even though his payment per day be quadruple that of the ward-patient, is not given the same protection as that given the patient in the 6 to 30-bed ward. The ward patient, being one of a group, has always a nurse in sight ministering to him or his fellow-patients; his visitors are governed by a set of rules, 2 to 3 o'clock, 7 to 8 o'clock, or some such arbitrary hours, and there must never be more than two visitors at one time. Private patients' visitors, however, are governed by no such definite, hard and fast rules and it is very difficult to shield them from their friends, and even, at times, from their over-zealous relatives.

One way to limit visitors is by having a large card, at least 7 by 11 inches, hung on an almost invisible hook, which does not disfigure the door, just below the door-number, reading

**NO VISITORS. VISITORS ALLOWED ONLY BY SPECIAL PERMISSION  
OF ATTENDING PHYSICIAN. INQUIRE OF HEAD NURSE**

On the reverse side is "RESTING," so that a patient may be absolutely free from disturbance if he, or his nurse or physician, wishes. This card must be large, as it is surprising how often thoughtless people fail to read a card on a patient's door. People who would never think of entering a room in a private house without duly inquiring if they are welcome, seem to feel they have a right to enter any room in a hospital where a friend may be ill, provided they can find the room. Callers too often walk directly to the floor and, having previously found out the number of a patient's room, will very unthinkingly knock, or worse still walk directly in without consulting the nurse in charge, who may be engaged with a physician or busy at some other of her many definite duties, and not observe the visitor's entrance to the floor.

Another good plan is to have a card, reading "ENGAGED" which will allow a nurse to care for her patient at times without being disturbed by even the Superintendent on her rounds, or a nurse with a message. The continuous opening and shutting of a door is most annoying at times and it should be the duty of hospital and nurses to keep the patient free from all confusion or disturbing conditions. The improper closing of doors is one of the most nerve-racking noises in a hospital. Small rubber tacks along the door-jams will break some of the jar from a slam, when the door-stop is not pressed firmly and a sudden draught blows it, but it will not silence the snap of the door-



latch as someone thoughtlessly shuts the door without turning the knob. A small pad made of two thicknesses of denim, tied to the knob with tape, will silence this sound and prevent many complaints from nervous patients.

Cards placed conspicuously along the corridors with "WALK QUIETLY AND SPEAK LOW" will help greatly in reducing part of the almost ineradicable noise on hospital floors.

Despite all these signs, however, the real protection of the patient from noise, from too many visitors and from too lengthy visits at the sometimes wrong time, rests with the nurses in charge, who should by their quietness and gentle influence in meeting physicians, visitors, friends of patients and others, encourage them and all who enter the doors of the hospital to make their one thought, "There is serious illness here and I must be considerate and make no unnecessary noise." Really the proper care of all hospital patients comes back to the greatly-loved and often-blamed nurse, who must direct all within her domain, even convalescent patients themselves, to be observant and to follow the Golden Rule.

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The Welfare Association of East Chicago and Indiana Harbor completed its first year's work on September 1. The Visiting Nurse, Rosa Collins (Mercy Hospital, Chicago), a former Chicago visiting nurse, now has an assistant nurse, as the work has grown so rapidly. During the year nearly 3000 visits were made to more than 400 patients. Perhaps the most significant item in the annual report is the fact that 144 cases were referred to the visiting nurse by physicians; 136 by employers; the remaining patients by miscellaneous sources. A new association does not ordinarily get such splendid coöperation from physicians in its first year's work. In addition to the work in the homes, the Welfare Association conducted an infant welfare station at which weekly conferences were held throughout the summer. East Chicago and Indiana Harbor are manufacturing towns with a very large foreign-born population. Transportation is poor, the distances are great, and the problems met with during the first year's work have been various and difficult. The Association has met them splendidly and has built up a very strong, fine piece of public health nursing work.

## NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

**CONSTIPATION.**—In an article in the *Medical Record* it is stated that daily bowel actions are imperative, and this must be largely brought about with a ration of coarse grained food in conjunction with exercise and abdominal massage. Avoid cathartics as far as possible, if laxatives are required high grade mineral oils hold the preference.

**AUTOTHERAPY IN IVY POISONING.**—In a paper in the *New York Medical Journal* it is said that the cure of disease is brought about by placing the exact toxins that cause the symptoms in healthy tissues. In Fairmount Park, Philadelphia, and Bronx Park it was the custom to make the employees chew a few leaves of the poison ivy plant, when clearing away the vines, as a preventive of the well-known eruption. The exact, unmodified substance that caused the symptoms must be employed as the curative agent.

**TYPHUS FEVER.**—In a paper read at a meeting of the New York Medical Society on Typhus in Serbia, it was mentioned that preventive treatment consisted in the thorough de-lousing of all patients within the hospital and prior to admission. Where there are no lice there can be no typhus. In treatment, reliance was placed on good nursing and keeping the patient quiet and free from worry. A liberal soft diet was allowed and fluids were forced upon the patient. When the heart muscle began to weaken digitalis was given.

**REMOVING BLOOD STAINS.**—The *Druggists' Circular* advises the use of a concentrated solution of chloral hydrate, from 70 to 80 per cent, for the removal of blood stains. Not only recent blood stains on linen, etc., but stains existing for from ten to twenty years, first moistened with a drop of acetic acid and then soaked for some hours in the chloral solution, are said to be perfectly removed. Blood stains on white material may also be removed by treatment with hydrogen peroxide solution. It may take some hours to act if the stain is old.

**THE NERVOUS SYSTEM.**—A writer in the *British Medical Journal* concluding an article on this subject says if greater attention were given sufficiently early to the maintenance of the central nervous system in a condition of robust and self-reliant integrity and to the regulation of daily habits of life on lines of greater simplicity and homely regularity, the need for most uterine treatment would vanish, and it

would be found again, as in the days of our grandmothers, that the pelvic organs, in the absence of actual organic disease, might be left, with great advantage in most cases, to look after themselves.

**STERILIZING THE HANDS.**—A Berlin medical journal recommends a preparation of 300 grams of kaolin to 0.5 liter of acetone for sterilizing the hands. It forms a thin paste which is rubbed into the hands and forearms, tanning the skin and filling all crevices. As the acetone evaporates a coating of kaolin is left; this can be wiped off with a dry cloth.

**ETHER PNEUMONIA.**—A speaker at a meeting of the American Association of Obstetricians and Gynecologists said that the term ether pneumonia should be discarded and forgotten. Post-operative pneumonia occurs with great rarity, except after abdominal operations, and then probably is due to an infection already existing in the bronchi or lungs at the time of operation, or to imperfect aeration and ventilation of the lungs because of fear of taking deep breaths after a laparotomy; most often such pneumonia is due to a secondary infection of the lungs following a septic abdominal condition.

**APPLICATION OF TOURNIQUET.**—A surgeon, speaking at a meeting of the Medical Society of the State of Pennsylvania, said there are three methods of applying the tourniquet, on the artery, vein, and capillary. It should never be made tight enough to stop hemorrhage, only the spurting from the wound, and when spurting ceases the tourniquet should not be further tightened. The remaining hemorrhage should be stopped by direct pressure on the wound.

**REST OF THE LUNG BY POSTURE.**—In an article in the *Journal of the American Medical Association*, written by three Colorado physicians, rest on the side of the diseased lung is advised for tubercular cases. Respiration in a normal person takes place about 30,000 times in twenty-four hours. When a tuberculous patient rests on one side at night the dependent lung is restrained in motion, but the upper lung opens and closes about 12,000 times in ten hours of sleep. If the patient lies on the unaffected side, the very lung which needs the most rest gets the most work. Placing a small firm pillow under the side restrains the motion of the lung still further. Sometimes, on account of the cough, it is necessary to rest for a short time on the sound side in order to facilitate drainage, but gradual training will enable the patient to rest on the side of the actively diseased lung to its great advantage.

**SEPARATION OF THE BUTTOCKS.**—When a clear field of examination, or operation, is desired, as for examination of the anus, or operation on hemorrhoids, and sufficient assistance is not at hand, the diffi-

culty may be overcome by applying a two inch strip of surgical adhesive plaster to each buttock, and by a bandage across the abdomen, which unites the ends in front, pulling the buttocks apart. The strips are applied about an inch from the anus, transversely to the axis of the body, and are closely attached to the skin for about six inches. It is painless, quick, cheap and efficient.

**BUBBLE FOUNTAINS.**—In an editorial in the *Journal of the American Medical Association* it is stated that bubble fountains may become a factor in the transmission of disease. An epidemic of streptococcus tonsillitis in the University of Wisconsin, arising from this source, led to the conclusion that some organisms remain dancing in the column of water, much as a ball dances in the garden fountain. To avoid this difficulty, a simple fountain with a tube at an angle of 50 degrees from the vertical was constructed. No bacilli were found in the water from this type of fountain; an angle of even 15 degrees is considered safe.

**CAUSES OF DEATH IN 1915.**—In a preliminary announcement issued by the Bureau of the Census, with reference to mortality in 1915, there are some interesting items. Deaths reported in the "registration area," which contains about 67 per cent of the population, indicate that nearly one-third was due to three causes: heart disease, tuberculosis and pneumonia. The death rate from the latter disease has shown a marked decline since 1900. From cancer, on the contrary, it has risen from 63 per 100,000 to 81.1 in the same time. Diarrhoea and enteritis, chiefly among infants under two years of age, have markedly decreased. Diabetes has nearly doubled in its death rate since 1900. Influenza, diphtheria and croup have declined more than 60 per cent, a relatively greater lessening than that shown by any other important cause of death except typhoid, which shows a decrease amounting to almost two-thirds. Measles has caused a greater number of deaths than scarlet fever; the rates for both diseases were the lowest since 1900. Whooping cough was more fatal than either.

**EPILEPSY IN OFFSPRING OF EPILEPTICS.**—A writer in the *Boston Medical and Surgical Journal* reports from a study of thirty-nine cases that epilepsy is less often transmitted from parent to child than has heretofore been believed.

**CURE OF ANTHRAX.**—The *Journal of Infectious Diseases* mentions the recovery of a case of anthrax after the use of antianthrax serum. There were five pustules on the patient's arm and excision was not resorted to.



## LETTERS TO THE EDITOR

The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer.

### WHY DO STUDENTS DROP OUT AFTER BEGINNING TRAINING?

DEAR EDITOR: Nurses are born, not made. Many students enter training only to find that they are not fitted for the work, or do not really care for it. They sometimes enter training without realizing how hard the work is. Some have not the moral character. Florence Nightingale says: "Nurses cannot avoid exercising a moral influence. They exercise it by their character. It is what a nurse is in herself and what comes out of herself, out of what she is (almost without knowing it herself) that exercises a moral or religious influence on her patient." Many young pupil nurses become discouraged when difficulties arise. Some lack management and when many things are to be done at once, they lose their judgment and selfpossession and cannot get things done. Some lack concentration and interest and greatest of all, love for their work. Often a nurse does not like to take orders from her senior nurses and resents them. Some are narrow minded, seeing only one side of a situation. Sensitiveness and imaginary slights sometimes cause pupils to leave. If a nurse fails to observe what is going on in the hospital, both among the patients and other nurses, take a personal interest (humane not sentimental) in every patient, she will certainly fail. A nurse should strive to be congenial and courteous to nurses and patients. It pays to look for the good in everyone.

Oklahoma.

PUPIL NURSE.

### STUDENT GOVERNMENT

DEAR EDITOR: Last spring things came to a climax in our nurses' home. It was hard to believe but it was a true fact that we were getting careless in the rules of etiquette. Perhaps we would not have noticed it ourselves, for the change had come about so gradually, but a new head nurse came among us and saw it. And now the question was, "What can be done to overcome these conditions?" It was really a serious question, but after much consideration it was decided to have a system of student government. This was suggested by Miss Pinkerton, who is matron of one of the college houses. This is carried out in all college houses, but our nurses' home is one of the first to adopt the plan. It is really an honor system. One girl is elected by vote of the student body to become the house president. It is then her duty to set an example for the rest in the house by keeping all the rules at all times and by living up to her ideals. The others who live in the house are expected to do the same, not because some one is watching them, but because it is the right thing to do. If they do not do this, it is then the house president's duty to see that they do. Several changes have taken place since this system started. Formerly nearly all of the nurses went about in the nurses' home without kimonas on. The new-comers wore them the first few days, but before long they had the same bad habit. But since student government was started, it is seldom that anyone is seen in our corridors without a kimona on, for each one seems to have a certain pride in doing as she should. Another change noticed is in the appearance of the rooms in the home.

They are certainly neater than before, for the feeling seems to have arisen, "I can keep my room as neat looking as my neighbor's." A decided change has taken place in the dining room. In the spring there were two long tables, one for senior nurses and one for juniors, but these have been replaced by four smaller ones, at each of which an older nurse presides. If some are seated at a table when the one who sits at the head of their table enters the room, they arise and remain standing until she is seated. Those at each table strive to have their table make the best appearance. The table manners of all have certainly improved and there is also much less talk in the dining room about the affairs of the wards. There is still room for improvement, however, as perfection is never obtained. There is also a change in the observance of Sunday. The sewing machine is never in use now on Sunday and the laundry room is vacant all day. The rules in a nurses' home are much the same as in a boarding school or college house, lights out at ten-thirty and each girl in her room at ten o'clock. This is the most difficult rule of all to keep, because nurses have so little time to themselves that the evening goes altogether too quickly. But it seems as if the time is drawing near when everyone will try to keep this rule as carefully as the others. On the whole, the system has been very beneficial and there is hardly anyone who has not noticed a change. In a crowd of girls there are always some who do not coöperate in a plan of this kind, some who resent it if they are reminded that they are breaking a rule. But when this happens the thought is always present, "Perhaps one of us will be the house president next year."

*Massachusetts.*

PUPIL NURSE.

#### ARE WE FAIR TO THE POOR?

DEAR EDITOR: Some of us regard poverty as a disease, but is it? Are people always to blame for their failures? I have opportunity in my everyday life to see that some people have poverty thrust upon them either by sickness, accident or disease. Some people are fitted for success, because nature has been kind to them, their personal appearance, early training and good health, all combine to make their path more smooth, but it is of the apparent failures I would speak. It seems natural to some people to patronise their less fortunate sisters and brothers. Nurses, as well as other people are prone to do this, to assume a patronising air, especially in dealing with foreigners, imagining that because they cannot master the English language, they must necessarily be ignorant. Very often they are wounding in a most vital spot those sensitive souls. What is left us if we lose our self-respect? The better educated a nurse is, the more tender is she even with the most unfortunate. I have seen doctors go into the homes of the poor and even without any previous acquaintance, address the owner of the house (if they happen to be poor) by his or her first name. Why should he? The man paid him for his services, for the poor pay their bills as promptly as the rich. I introduced a physician to a household once and I happened to address the man by his first name, because he was a relative. The doctor heard me, and immediately did the same; the man took it to imply that he was being treated as an inferior and resented it accordingly. If a "man's home is his castle" then the man is supreme in his own home, the result in this case was that they sought a physician who, while maintaining his own dignity, treated the other man with respect. We all like to be held in esteem by our associates and business acquaintances. Some might say we get what we deserve; I differ from that opinion. Dressing well is surely an asset, but some peo-

ple cannot afford to dress well and meet their obligations too, yet we should not look down on them because their clothes are of poor material. Of course I know there are people who never deserve any respect, because they never pay their bills, and are a burden on the community. They are, as a rule, the most arrogant in their manner. Those I have in mind, are the less fortunate, though self respecting citizens, who are trying to do their duty to God and country and are kept poor by unavoidable circumstances. Let us treat our fellowmen with respect, encourage them with our kindliness, and make life's thorny path a little smoother.

*Colorado.*

M. M. D.

#### PROTECTION OF MOTHERHOOD

DEAR EDITOR: The very air seems full of reform nowadays. There is this reform and that, all quite right in this age of progress, but the greatest of all needs stands out boldly, so that none can fail to see the need—the protection of motherhood. Have we not failed, as alert people, to protect our choicest of women on whom the future of the nation depends? In this connection let me plead for a large, self-sacrificing body of women, the nurses. Has it ever occurred to the minds of any outside the work that nurses' hours are not limited? The state says ten hours are enough for labor for women. Is the nurse not to be considered a woman? or is one woman so different from another that this protection cannot be made general? Is the possible motherhood of one woman to be protected and not the other? Who has ever taken the trouble to note the fatalities of motherhood among former nurses? Perhaps a close study of this question might prove an eye-opener. Shall we not wake to our duty?

*New York.*

A. L. P.

#### APPRECIATIVE COMMENT

DEAR EDITOR: Many thanks for the article *Caring for the Patient's Flowers* by Cora McCabe Sargent, in the December JOURNAL. Such practical helps are appreciated by all of us nurses who have to care for the patients. It is also well for us to learn more about Florence Nightingale. Her love story is worthy of our thoughtful interest. These human stories of real life such as we often get in the JOURNAL are better than most of the best fiction printed.

*Michigan.*

M. S.

[Have our readers found the non-professional departments, headed *Narratives from the War and Events of the Day*, under the care of Miss Scovil and Miss Pelton, of sufficient value to justify their continuance to the exclusion of strictly professional matter? We should appreciate personal replies to this question.—THE EDITOR.]

# NURSING NEWS AND ANNOUNCEMENTS

## NATIONAL

### THE AMERICAN NURSES' ASSOCIATION

The bill for a national charter is still in the hands of the District Committee of the House of Representatives. Nurses all over the country have worked hard in support of this measure as have their friends, hospital boards of trustees, doctors, lawyers, business men, etc. It is urged that efforts should not cease, but should be directed toward getting the bill reported out of the District Committee and into the House.

Associations accepted into membership and now enrolled, are as follows: South Dakota State Association; Registered Nurses' Club of Atlanta, Ga.; alumnae associations of the following hospitals—Clinton, Clinton, Mass.; Cooley-Dickinson, Northampton, Mass., Frances E. Willard, Chicago; St. Mary of Nazareth, Chicago; Holyoke City, Holyoke, Mass.; Kenosha, Kenosha, Wis.

Bills regarding health insurance will be introduced in the legislatures of twenty states during the present winter. As this legislation will apply to nurses earning less than \$100 a month, it is very necessary that they should acquaint themselves with the matter and know what is being done. The directors of the American Nurses' Association urge all affiliated associations to include health insurance in their programmes and, if possible, have some speaker who is well informed to present the matter.

### NURSES' RELIEF FUND, REPORT FOR NOVEMBER, 1916

#### Receipts

Previously acknowledged.....	\$2,914.39
Interest on bonds.....	65.00
St. Luke's Hospital Alumnae Association, South Bethlehem, Pa.....	10.00
Isabelle C. Smith, Syracuse, N. Y.....	1.00
Linda May Jaques, Tewksbury, Mass.....	1.00
Harriet L. P. Friend, Columbus, Ohio.....	2.00
Sarah Marguerite Deuval, Evanston, Ill.....	1.00
Josephine Meyers, Newport, Ky.....	1.00
Laurie L. Phillips, Brantford, Ont.....	5.00
Georgia State Association of Graduate Nurses.....	15.00
Marie A. Lawson, Akron, Ohio.....	10.00
Grace M. Carmichael, Passaic, N. J.....	8.00
Margaret A. MacDill, East Onondaga, N. Y.....	1.00
Katherine Fern, Waterbury, Conn.....	1.00
Northern Pacific Hospital Alumnae, Brainerd, Mich....	5.00
Elizabeth G. Fox, Washington, D. C.....	1.00
Missouri Baptist Sanitarium Nurses' Alumnae Association, St. Louis, Mo.....	5.00



Florence M. Redfield, New Haven, Conn.....	\$1.00
Lena H. Dieman, Walpole, Mass.....	1.00
Florence A. Prudence, Cleveland, Ohio.....	1.00
Helen L. Bloomfield, Chicago, Ill.....	3.00
Helen H. Crawford, Baltimore, Md.....	1.00
Elizabeth Sherman, Providence, R. I.....	1.00
Mrs. N. S. Cohen, New Orleans, La.....	1.00
City Hospital Alumnae Association, Cleveland, Ohio....	5.00
S. R. Smith Infirmary Alumnae Association, Individual Members, Staten Island, N. Y.....	18.00
Martha C. Woody, Williamsport, Ind.....	6.00
Lela Carr, Oklahoma City, Okla.....	2.00
John N. Norton Infirmary Alumnae Association, Louisville, Ky.....	15.00
Margaret B. Otis, New Orleans, La.....	1.00
Oregon State Graduate Nurses' Association.....	10.00
Jean M. Couchour, Pittsburgh, Pa.....	5.00
Graduate Nurses' Association of New Hampshire.....	15.00
Alumnae Association of the Orthopaedic Hospital and Infirmary for Nervous Diseases, Philadelphia, Pa..	10.00
Anna E. F. Seeber, Newark, N. J.....	1.00
Elizabeth Meyer, Washington, D. C.....	2.00
Mrs. A. R. Colvin, St. Paul, Minn.....	5.00
Hennepin County Registered Nurses' Association, Minneapolis, Minn.....	25.00
Mrs. Florence R. Burgess, Wallington, Conn.....	1.00
German Deaconess Hospital Alumnae Association, Cincinnati, Ohio.....	5.00
Graduate Nurses' Association of Cleveland, Ohio.....	25.00
Ethel M. Stevens, San Francisco, Cal.....	1.00
The Miami Valley Hospital Alumnae Association, Dayton, Ohio.....	10.00
Mary C. Nesbit, Council Bluffs, Iowa.....	1.00
Emma Isaac, Louisville, Ky.....	2.00
Wisconsin State Association of Graduate Nurses.....	50.00
Leola Steele, Natchez, Miss.....	1.00
Ethel Sherman, Berkeley, Cal.....	1.00
Mildred M. Hamilton, Miami, Fla.....	5.00
Minnesota State Graduate Nurses' Association and individual members and University Hospital Alumnae Association for a nurse who is now receiving assistance.....	200.00
Texas Graduate Nurses' Association.....	25.00
Mississippi State Association of Graduate Nurses.....	5.00

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 \$3,507.39

*Disbursements*

Application approved Number 1, 22nd payment.....	\$10.00	
Application approved Number 2, 11th payment.....	5.00	
Application approved Number 4, 9th payment.....	15.00	
Application approved Number 5, 7th payment.....	10.00	
Application approved Number 6, 7th payment.....	10.00	
Application approved Number 7, 1st payment.....	15.00	65.00
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		\$3,442.39
13 Bonds.....		13,000.00
2 Certificates of stock.....		2,000.00
		<hr/>
Balance December 1, 1916.....		\$18,442.39

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 419 West 144 St., New York City, and cheques made payable to the Farmers Loan and Trust Company, New York City. For information address Mrs. William L. Crass, Chairman, Montesano, Washington.

## ARMY NURSE CORPS

*Appointments.*—Aileen Riley, graduate of Centenary Hospital, St. Louis, Mo.; C. Lulu Mustaine, Illinois Training School, Chicago, Ill.; Dessie M. Lanche; St. Luke's Hospital, St. Louis, Mo.; assigned to duty at Letterman General Hospital, San Francisco, Calif. Nellie V. Brookbanks, graduate of Bellevue Hospital, New York, N. Y.; Ruth L. Schreiman, Jewish Hospital, Brooklyn, N. Y.; E. Norma Purcell, New York City Hospital, New York, N. Y., assigned to duty at the Walter Reed General Hospital, Takoma Park, D. C.

*Transfers.*—To Army General Hospital, Fort Bayard, N. M.: Ella J. Brown, Katherine C. Kocyan, H. Elvira Helgren, Emily Soule. To Letterman General Hospital, San Francisco, Calif.: Lillian Aubert, Cecilia A. Brennan, Elida E. Raffensperger, Margaret Knierim. To Department Hospital, Honolulu, H. T.: Laura F. Lake. To Base Hospital No. 1, Fort Sam Houston, Texas: Ethel V.: Frost. To Camp Hospital, McAllen, Texas: Flora Hensel, Mina S. Keenan, Mary J. Burrell.

*Discharges.*—Florence Voelkel, Ada E. Schleigh, Gwendolin M. Lewellen, Daisy D. Smith, Helen Nevin.

*Resignations.*—Mary W. Wilson, Florence Spaulding, Loie L. Compton, Lena B. Mead.

## RESERVE NURSES, ARMY NURSE CORPS

*Assignments.* To Base Hospital No. 2, Fort Bliss, Texas: From New York City, N. Y., Sara E. Allen, Mary E. Gorman.

*Transfers.*—To Camp Hospital, Llano Grande, Texas: Mary Ann Kief, Mary P. Little, Maud F. Mims, Lottie Glasener.

*Relief from active duty:* C. Marie Hansen, Mae E. Walton, Marie S. Ohge, Ann May Barr, Alice E. Hale, Olive J. Burke, Katharine Kerr.

DORA E. THOMPSON,  
Superintendent, Army Nurse Corps.

THE SPANISH AMERICAN WAR NURSES' ASSOCIATION held an adjourned annual meeting on November 23, at the Philadelphia Nurses' Club, Philadelphia. The first session, at which the president, Laura A. C. Hughes, presided, was attended by eighteen members and one honorary member. After the routine business, it was decided to meet in Boston or vicinity, in August, 1917. The newly elected officers are: President, Laura A. C. Hughes, M.D.; vice-presidents, Esther V. Hasson, Jennie B. Dix, M. Eugenie Hibbard, Marie E. Moore, Mrs. J. W. Taylor, Isabel J. Walton, Laura A. Beecroft, Eleanor Cassidy, Mary Cleland and Alice P. Lyon; recording secretary, Ella B. King; corresponding secretary, Mary E. Craig; treasurer, Anna M. Charlton. The changes in membership include two admissions, one resignation and nine deaths, among them Louisa Parsons, greatly mourned by the association.

ARKANSAS.—THE ARKANSAS STATE GRADUATE NURSES' ASSOCIATION held its fourth annual meeting at the Majestic Hotel, Hot Springs, November 7-9. A business meeting was held in the morning, and the formal opening of the session was at 2 p.m., the president in the chair. Dr. C. T. Drennan gave a cordial welcome, to which Mary Cole responded. The president's address followed a business session, and later a business meeting of the state Red Cross Committee was held, when officers, with Menia S. Tye as chairman, were elected. The evening session was devoted to the Red Cross, Menia S. Tye presiding. Dr. M. F. Maunt read a very interesting paper on Physical Basis of Efficiency. The Red Cross in its Relationship to the Medical Department of the United States Army, as presented by Captain A. P. Clark, of the Army Medical Corps, was most instructive, and greatly appreciated. On Wednesday morning the State League of Nursing Education held a business meeting, and elected the following officers: Chairman, Menia S. Tye; vice-president, Frankie Hutchinson; secretary-treasurer, Ruth Riley, Fayetteville. A visit was made to the Army and Navy Hospital, and the nurses' quarters. This is the only Army and Navy Hospital in the country, it has a capacity of 500 beds, and is particularly interesting now, as it is the Base Hospital nearest to the Mexican border. At the afternoon session the plans for re-districting the state to conform to the by-laws of the American Nurses' Association were ably presented by Miss Hutchinson, and a committee was appointed to confer with the national association committee. The Relief Fund was freely discussed and the association voted to give \$100 for the year 1916, and \$25 or more for each succeeding year, for three years. A committee for each district was appointed to secure individual contributions to add to the amount appropriated from the treasury. Eva Atwood, delegate to the convention of the American Nurses' Association, gave an interesting report. The evening session was devoted to Private Duty Nursing, with the following papers read: Nursing Efficiency, Sue Sims; The Value of Nursing Organisation, Annie Bremyer. Anna Cron gave a report of the visit made by nurses who attended the convention in New Orleans, to the Leper Colony. Harmony of Digestion was the topic of a paper presented by Dr. Estill H. Holland, and a paper prepared by Sister Mary Edward, of St. Joseph's Infirmary, and read by Miss Barry, was much appreciated. On Thursday an open session of the State League of Nursing Education was held, which was well attended. A business session of the State Association was held, and officers elected as follows: President, Frankie Hutchinson, Little Rock; vice-presidents, Ruth Riley, Fayetteville, Mary Cole and Kate Dillon, Little Rock; recording secretary, Sue Sims, Hot Springs; corresponding secretary, Annie Bremyer, Argenta; treasurer, Mrs. A.

M. Zell, 713 East 13th Street, Little Rock. The afternoon was spent in sight-seeing. A visit to the Fordyce Bath House, conceded to be the most beautiful and complete in the world, and an automobile ride through the city and outskirts ended in a visit to St. Joseph's Infirmary, where luncheon was served through the courtesy of the Sisters of Mercy. A banquet was served by the management of the Majestic Hotel. The next meeting will be held in Little Rock.

**California: Los Angeles.**—THE SOUTHERN SECTION OF THE LEAGUE OF NURSING EDUCATION had as its guest at the October meeting, Mary E. Lent, of Baltimore, when the course of lectures to be given to the senior students of the hospital training schools of the city was discussed. The lectures are being given weekly at the Los Angeles County Hospital with several hundred in attendance. The attendance at the first lecture showed the enthusiasm with which the plan has been received. The programme includes the following subjects, each to be discussed by an expert: History of Public Health Nursing and its Development; Effect of Disease from an Economic Standpoint upon a Community; Contagion, its Relation to the Family and Public; Sewerage and Garbage Disposal; Housing; Milk; Water and Food; Immigration; Social Insurance; Social Hygiene; Scientific Study of Delinquency; Psychology.

**Colorado.**—THE COLORADO STATE TRAINED NURSES' ASSOCIATION will hold its thirteenth annual meeting in the Y. W. C. A. Building, Denver, on February 8 and 9, 1917. **Fort Collins.**—THE GRADUATES OF THE FORT COLLINS HOSPITAL have formed an alumnae association, and it is hoped that all graduates of the school will become members. **Colorado Springs.**—Esther O. West of the Polyclinic Hospital, Chicago, has taken charge of the Bethel Hospital Training School.

**Connecticut: New Haven.**—THE CONNECTICUT TRAINING SCHOOL ALUMNAE ASSOCIATION held a successful fair in November, the proceeds being used for the Infirmary Fund which has been in existence for several years. The sum of \$1200 was cleared, which included local donations of \$600. The fund has now grown to nearly \$7000.

**District of Columbia.**—THE GRADUATE NURSES' ASSOCIATION gave a delightful tea on the afternoon of November 16, at the club house, in honor of Clara D. Noyes who has recently arrived in Washington to take up her duties as director of the Red Cross Nursing Service. The club house presented a very attractive picture with its autumn decorations. A special meeting of the Association was held on December 7 at which there was a very large attendance, not only of the regular members, but from many of the senior classes of the training schools in the city. Miss Noyes spoke very interestingly of the three great national organizations, particularly of the American Nurses' Association, giving a very clear and concise account of its proposed reorganization, and emphasizing three special advantages gained by membership in it, i.e., educational and fraternal, by the bringing together of nurses from all parts of the country for the interchange of ideas, which has done so much to bring about uniform and correct standards throughout the nursing world, and the professional protection not only of the nurse, but of the public, which by the knowledge that she is a member of the Association, is assured that she is properly equipped professionally. Miss Noyes ended with the hope that when the reorganization plans were completed the dues of each nurse would include a subscription for the AMERICAN JOURNAL OF NURSING. Lily A. Kanely then read an excellent



paper on registration, pointing out its many advantages, but stating that its weakest point was the lack of a uniform standard in the laws of the various states. Georgia M. Nevins, the first president of the Association, gave a brief account of the Association since its organization, and made an earnest appeal for a larger membership. The meeting closed with a social hour.

**Illinois.**—THE ILLINOIS STATE ASSOCIATION held its annual meeting at the Jefferson Hotel, Peoria, November 9-11, with about 250 delegates, members, and visitors registered. Miss Ahrens presided at all but the sectional meetings. The address of welcome was given by Mr. Oakfield of the Association of Commerce. In her president's address, Miss Ahrens gave the history of the growth of the Association. It was most interesting to note that the reorganization into districts in 1912 was so farsighted that it has put Illinois among the first for the earliest adjustment to the requirements of the National Organization. Miss Ahrens had an admonition for each one, the pupil nurse to realize her share in organization life, officers of the Association to be prepared to teach and public health nurses to specialize in their various branches. In the past opportunities had been limited and few had availed themselves of those offered. "Contentment with things easy to get" is a great danger. Miss Ahrens thinks we should have university affiliations in Illinois, but to realize our object they must be under the direction of graduate nurses. The training schools of the state had been invited to send delegates from the senior classes and the response was most gratifying. Miss Kent, a member of the senior class of the Illinois Training School gave a paper on The Value of Class Organization from the Senior Nurses' Point of View. Her frank statement of the pupil's side of the story can not help but put the pupil nurse in a better relationship to the directors and officers of the school. Miss Kent spoke of the difficulties of adjustment to the new and entirely different life the pupil has to lead, the tendency of loss of personality through the constant acceptance of others' ideas without the "reasons why." The early class organization will perhaps be most helpful in the matter of adjustment, the representative of each class to consult with the directors as a student council. At the Red Cross round table, Miss Ahrens gave with a diagram a lucid explanation of the Red Cross Central Committee, with military and civil relief. She described the base hospital and field column, the work being done in Chicago in First Aid, Home Nursing of the Sick, explaining fully the relation of lay members now and in time of need. Miss Evans' account of her year "somewhere in France" was especially impressive, as it made one realize the importance of detailed preparation before the occasion arises. The session of the League of Nursing Education was full of helpful suggestions for the teachers. A paper on Character Values in Nursing by Dr. Hugh McKenna proved that the busy surgeon is a keen observer of nurses and gives much thought to their requirements and training. He believes that truth is the greatest character value. Miss Wheeler sketched the past history of nursing followed by her vision of the future. The vision "has the establishment of central schools or nursing institutes to give the special work in class, clinic, and laboratory. Then we will be able to give more time with less tired bodies to the theoretical work which is becoming more and more important." The session on Hospital Administration was especially interesting to the many superintendents of small hospitals. Miss Goodrich came for a few hours, addressing the only evening session held, on The Education of the Nurse. The privilege of hearing Miss Goodrich on the subject which is her work was greatly appreciated by the Illinois

nurses and enabled many to get first hand information on the courses at Columbia. The Public Health Section celebrated its first birthday at the session in Peoria. Papers were read and discussed on several of the phases of the Public Health work, visiting, community and school nursing. The general discussion showed so conclusively that all public health nurses want and need special training that it was voted the chair appoint a committee on Public Health Education and Extension Work for Public Health Nurses. The private duty nurses had an entire session devoted to their problems. Here again the tendency toward higher education was expressed by the appointment of a committee to look into ways and means of opportunities of study for private duty nurses. The many social events provided the relaxation from things serious without which a yearly meeting is likely to become work. Quincy.—THE EIGHTH DISTRICT held its regular meeting in Quincy on November 16, the visiting members being met at the train and taken to Blessing Hospital where lunch was served, followed by the meeting which was held in the Nurses' Home. The programme consisted of an interesting paper by Dr. Center on Anterior Poliomyelitis and a talk by Mr. W. H. Wall on the campaign for a tuberculosis sanatorium in Adams County, this county being one of the few in the state in which this measure was carried at the recent election, the funds being provided by a tax. Reports of the recent state meeting were given by Elfreda Erlandson of Galesburg, Mrs. M. P. Ringland and Jessamine Smith of Quincy. A social hour followed, then a dinner, after which a theater party was formed. Ten new members have been added to the membership. Chicago.—ILLINOIS TRAINING SCHOOL GRADUATES are reported as follows: Ada Young, class of 1911, has resigned her position as surgical supervisor at the County Hospital to take charge of the Presbyterian Hospital, Des Moines, Iowa. Ellen L. Penna, class of 1913, who has been stationed at the U. S. Naval Hospital, Mare Island, Cal., was transferred to Guam, M. I., in the tropics. Frances Caldwell, class of 1909, is substituting as civic nurse in Kewanee, Ill., while Sadie Place, class of 1910, is enjoying an eight months' leave of absence. Katrina E. Hertzer, class of 1904, has been detailed to detached duty at Red Cross headquarters by the Bureau of Medicine and Surgery Department of the Navy at Washington, D. C. Charlotte Burgess, class of 1904, is taking a course at Teachers' College, Columbia University. WESLEY MEMORIAL HOSPITAL ALUMNAE ASSOCIATION held a bazaar in the Solarium on December 5. The alumnae has undertaken the support of a social service worker in Wu Hu, China, to assist Miss McCracken. The Association takes pride in noting that of the 100 nurses in China, 7 are from Wesley. At the last meeting of the association resolutions were drawn up to express appreciation of the splendid work done for the training school and the alumnae by the superintendent of nurses, Bertha L. Knapp. MARIE PETERSON has become the superintendent of the Silver Cross Hospital in Joliet; Sena Brandt is acting as her assistant and Mary Bogardus is filling the position of head surgical nurse. NETTIE BROCK has accepted the position of principal of the Iowa Methodist Training School, Des Moines, Iowa; she has as her chief assistant, Chloe Stuart; night supervisor, Nell Millard, and head nurse in the obstetrical department, Faith Ankeny. MARY MCINTIRE is to fill the office of assistant instructor at Wesley Memorial Hospital. JEAN MANN is now a social service worker with the Edison Electric Company, where she is to be assisted by Allena Clark. MRS. EDNA WILDERMUTH, with Edna Panuoka as her assistant, has taken charge of the Bronson Hospital, Kalamazoo, Mich. LILLIAN M.

Crommy has accepted a position as director of the Welfare Department for Hibbard, Spencer, Bartlett and Company. She is well known in her profession, having had municipal and general public health work and having organized the social service work at Wesley Memorial Hospital.

**Indiana.**—THE INDIANA STATE NURSES' ASSOCIATION held its fourteenth annual convention at the Hotel Severin, Indianapolis, October 9-11, 1918. Olive Bailey of South Bend gave a very interesting report of the convention of the American Nurses' Association. One of the main features of the meetings was the question of the revision of the constitution and by-laws. Agnes G. Deans of Detroit gave a very interesting exposition of the reorganization of the national body. She also read a paper on Public Health Nursing in the Smaller Cities and Towns, which was greatly enjoyed by all, especially as public health nursing was another important part of the meetings. Mrs. Abbie Hunt Bryce led the discussion as to the advisability of forming a Public Health Association or of making it a section of the State Association. No decision was reached, but a committee was selected which will report at the next meeting. The delegates were entertained most royally at St. Vincent's Hospital by St. Vincent's Alumnae. It was also a great treat, after a day of hard business, to have the evening's excursion provided by Ely Lilly and Company. Two cars took 130 nurses to their pathological laboratories where they saw something of how serums are made and the cultivation of certain medicinal plants. After this refreshments were served. **Fort Wayne.**—FORT WAYNE ALUMNAE ASSOCIATION held its regular monthly meeting, December 4, in the hospital parlors, when Dr. B. P. Weaver gave a very interesting and instructive talk on Orthopedics. Bess Sewall, class of 1914, has accepted a position as public health nurse in Kendallville, her duties beginning with the New Year. Myra Carr, class of 1909, is now connected with the Wayne Knitting Mills, as nurse. Laura Kreigh, class of 1915, assisted Irene Byron, the executive secretary of the Fort Wayne Anti-Tuberculosis League, during the rush sale of Red Cross seals. Last year this league secured the state prize for selling more seals than any other city in the state.

**Iowa: Cedar Rapids.**—ST. LUKE'S ALUMNAE ASSOCIATION, at its November meeting, had as its chief feature an address by Dr. Charles H. Cogswell, Jr., who gave a most interesting account of his experiences as aide and superintendent of a British military hospital and later with the American Ambulance Corps at Verdun. Alice E. Isaacson, class of 1913, has reenlisted with a Canadian hospital unit located near La Treport, France. Blanche Kacena, class of 1912, having completed the two years' course at Teachers College, is filling the position of instructor in Robert Long Hospital, Indianapolis. Josephine Creelman, class of 1909, is a student at Teachers College.

**Kansas.**—THE KANSAS STATE ASSOCIATION OF NURSES held its fifth annual meeting on October 20 and 21, in Topeka, with headquarters at the National Hotel, and Representative Hall for assemblies. General business and registration occupied the time of the morning session. At the afternoon session, Agnes G. Deans gave much valuable information and advice, and led the discussion on reorganization. A committee on districting the state was appointed. The revision committee of last year was retained. In the evening a musicale was given in the Elks Club Rooms. Further discussions were held and business was transacted the second day, officers being elected as follows: president, Charline Zeller, Kansas City; vice-president, Sister Catherine Voth, Bethel Hospital,

Moline; treasurer, Kate Williams, Haven; secretary, N. Pearl Martin, 1028 Harrison Avenue, Topeka. Several helpful papers were read. The next meeting will be held in Pittsburgh. While the State Association was in session, a Public Health Nursing Section was formed with the following officers: President, Mrs. C. C. Elder, Atchison; vice-president, Laura E. Nieswanger; secretary, Mary Workman, Pittsburgh; treasurer, Mrs. D. D. Newby. Dr. S. J. Crumbine, secretary of the State Board of Health, was made honorary member in recognition of his work in public health for Kansas. Mrs. C. B. Thomas was appointed State's Council. As the Public Health nurses were eager to have an association, much enthusiasm was shown. The state is very progressive along public health lines, there being over twenty towns which have nursing organizations.

**Kentucky: Louisville.**—THE JEWISH HOSPITAL ALUMNAE ASSOCIATION held its regular meeting in the Bernheim Nurses' Home, on October 12. After routine business, Eva Seesmer read a paper on What Does Nursing Mean to You? The officers of the association are: president, Emma Berlinaky; vice-presidents, Mary Curran, Amelia Dixon; secretary, Marguerite Jenkins; treasurer, Mary Turner; auditor, Sarah Berlinaky. MAY HICKS, graduate of the University Hospital, has taken charge of the Deaconess Hospital. Ground is being broken for the site of a new wing.

**Maine: Bangor.**—THE EASTERN MAINE GENERAL HOSPITAL has received a bequest of \$100,000 from the estate of Col. Luther H. Pierce of Chicago, who was a native of Bangor.

**Maryland.**—THE MARYLAND STATE ASSOCIATION OF GRADUATE NURSES held a meeting at the Medical and Chirurgical Library, December 7, to discuss the proposed changes in the constitution and by-laws of the American Nurses' Association as they relate to the organization of state and local associations. Miss Lawler was in the chair and gave a most interesting and comprehensive address on the subject; discussion followed, and the meeting was one of the largest and most interested body of nurses we have seen for a long time. THE MARYLAND STATE LEAGUE OF NURSING EDUCATION held its regular monthly meeting at the Johns Hopkins Hospital on November 15. Miss Sinclair read a paper on the methods in use at the Johns Hopkins Hospital Training School for Nurses; Miss Branley one on methods used at St. Joseph's Hospital; Miss Elliott's, on methods in vogue at the Church Home Infirmary, was read by Miss Nash. Miss Bartlett spoke on the methods of teaching massage and also exhibited the forms planned by the State Examiners of Nurses, to be sent to applicants desiring to enter hospitals for nurse training. The subjects for the next meeting are Medical and Surgical Nursing. THE MARYLAND STATE ASSOCIATION FOR PUBLIC HEALTH NURSING held its regular meeting at the Health Department, Baltimore, on November 20. Effie J. Taylor, superintendent of Phipps Psychiatric Clinic, Johns Hopkins Hospital, read a most interesting paper on Mental Nursing, showing the importance of considering the human organism one complete whole, composed of mind and body, calling attention to the fact that the general hospital trains the nurse in the care of only one-half of the organism, and urging that nurses receive instruction in the care of mental diseases, either as a part of their training or after graduation from a general hospital. **Baltimore.**—THE NURSES' ALUMNAE ASSOCIATION OF THE UNIVERSITY OF MARYLAND held a meeting on December 5, with a full attendance. The bill to incorporate the American Nurses' Association was discussed with great



interest. Resolutions were passed to express the sorrow of the Alumnae on the recent death, in England, of Louisa Parsons, who founded the training school in 1889 and who remained until it was well established. In addition to the information about Miss Parsons given in connection with the notice of her death in the December JOURNAL, it may be said that she was trained by Florence Nightingale. She saw foreign service, not only during the Boer War, but in Egypt. She worked with Clara Barton in South Carolina and was stationed at Fort McPherson during the Spanish-American War. She received a medal from the Khedive of Egypt and was given the Royal Red Cross by Queen Victoria. She devoted her whole life to the service of others and left a host of friends in England and America.

**Massachusetts.**—THE MASSACHUSETTS PRIVATE DUTY NURSES' LEAGUE held its second meeting in the New England Women's Club Room, Boston, November 11, Ellen McHugh presiding. Sixteen members were present. The following officers were elected to serve until the annual meeting next June: president, Zaidee Moore, Salem Hospital; vice-presidents, Ellen McHugh and Mrs. William E. MacNamara of the Boston City Hospital, Mrs. M. A. MacQuarrie of the Massachusetts General, Catherine E. Galvin and Margaret A. Motschman of the Boston City, and Mary J. MacKenzie of the Long Island and Woman's Free Hospitals; recording secretary and historian, Annette Fiske of the Waltham Hospital; corresponding secretary, M. S. Hollingsworth of the Massachusetts General; auditors, Bessie Fullerton and Mary Armstrong. The constitution and by-laws were accepted as presented. Mrs. MacNamara gave a short talk on the need of organization, standardisation, and restricted registration. She emphasised the importance of having representation from the ranks of the private duty nurses on training school boards of trustees. Mr. Gibson of the Boston City Hospital spoke of the need for two classes of nurses and of educating the non-professional class to understand their part in the work. For some time the private duty nurses have felt that they should have a society that would give them an opportunity of being represented in the educational affairs that uplift and broaden them in their work. In forming this League, they feel that they have made a move in the right direction and hope that all graduate nurses throughout the state will feel that it is their duty to belong and to help support what in time should be the largest League for nurses. This can be accomplished if each registered nurse joins, as those engaged in private duty work are the largest number of nurses in the profession. The objects of the League are to promote ethical standards, to stimulate loyalty, to encourage personal efficiency, and to establish a broader acquaintance among nurses, to provide an open forum for the discussion of problems peculiar to private duty nursing. Copies of the constitution and by-laws, also application blanks, may be obtained from the corresponding secretary, M. S. Hollingsworth, 94 College Avenue, West Somerville, Branch P. O., Mass. Boston.—On December 8, there was a large gathering of nurses at the Central Directory rooms to discuss building propositions. After the subject was freely debated, Katherine McMahon, a graduate of Union Hospital, Fall River, who went over with the Harvard Unit of June, 1915, gave an illustrated talk on her experiences in war work. For three months Miss McMahon was at Hospital 22 with the Harvard Unit, six months at American Women's War Relief Hospital at Paignton, South Devon, and then at the American Ambulance Hospital in Neuilly, Paris, France. A social hour followed. THE NEW ENGLAND BAPTIST HOSPITAL held graduation

exercises for a class of eighteen nurses on the evening of December 12, at Ford Hall. Though the inclement weather kept many interested people at home, a goodly number were gathered. Dr. George S. Badger, chairman of the Training School Committee, presided. Colonel Edward H. Haskell, president of the Board of Trustees, presented the diplomas. Dr. Hugh Cabot gave a stirring address on The Role of the Nurse in the War. A reception followed the exercises. THE NURSES IN THE HARVARD UNIT which sailed on November 20, from New York, on the *Andonia*, came from various hospitals. The Massachusetts General was represented by Alice M. Drapeau, Dorothea J. MacInnis, Helen P. Jordan and H. Pauline Manuel; the Boston City by Beatrice M. Bedard and Mary Clancy; the New England Baptist by Marion Dean Ellis, Bertha J. Creelman and Christine England; the Faulkner Hospital, Jamaica Plain, by Jessie M. McQuarrie; Corey Hill by Gertrude English; Massachusetts Women's by Amy O. Johnson; Newton Hospital by H. Marie Durling, Jennie M. McAnn, and Ina L. Lockheart; the Leonard Morse, Natick, by Rose M. Dyer; the Melrose Hospital by Lillian F. Fraser; the Worcester Memorial by Winifred M. Dean and Helen F. Kimmens; Lansing, Michigan, by Anna B. Stover. The Minnes Edgecombe, Gray, Gamlin, Smith, Everett and Hudson have been transferred from the first Harvard Unit to the Canadian service and are now on duty in the Canadian Hospital at Salonika. Letters have been received from them speaking of their journey from London to the East on the ill-fated *Britannic*, which was sunk on her return trip. Ethel Thompson, a graduate of the New York Hospital, has been resting at Mattapan, Mass., from eighteen months' work at the American Ambulance, Neuilly, Paris, France. She has returned to New York to await the formation of an ambulance corps for Roumania. On December 4, at the one hundred and sixth annual meeting of a famous society of Dedham, \$25.00 was voted towards the support of the Dedham district nurse. By the will of Joseph Faulkner, Hamilton, the Lynn Hospital receives \$5000, the income of this sum to be used for the general purposes of the hospital. By the will of Sarah E. Conery, Boston, the Massachusetts General Hospital receives \$500 towards a free bed. THE ROBERT BRICK BRIGHAM HOSPITAL and the MILK AND BABY HYGIENE, by the will of Mrs. Rebecca T. Marshall, each receives after personal bequests are made, one-fifth of the residus. Groups of nurses, by invitation have visited the up-to-date plant of the H. P. Wood Company at West Lynn, which is one of the five largest milk companies of the United States. Each party was taken to Lynn on a special coach, and guided all over the plant for the inspection of stables, wagons, auto-trucks, receiving rooms, separators, sterilising and filling rooms. The nurses were exceedingly interested in the explanation which the experts gave of the various processes, of the 390 milk routes, the 900 pounds of strong soap powder used each day to cleanse bottles and cans, and of the needed first rinsing with lukewarm water so that no curd may be left lurking in a receptacle. When they had seen the Jensen pasteurizing vat and the Jensen cream ripener and watched the bottling and capping of milk, they readily responded to the invitation to luncheon. Beginning with Halloween decorations for October 31, the ingenuity of the company must have been heavily taxed to provide the novelties for decorations and souvenirs which greatly pleased each group till the final party on December 9. The after dinner speakers included leading baby specialists of Boston, and a woman prominent in the nursing world acted as chaperon for each party. Among them were Miss Noyes, Boston City Hospital; Sister Caroline, Carney Hospital; Mrs. Marsh,

Homeopathic; Miss Farquhar, of the Infants', Dr. L. A. C. Hughes; Miss Turner, of the Central Directory; Miss Decker, at the Boston Nurses' Club; and Miss Sullivan, who is engaged in public health work. (Note—Not only in this instance, but in most inspections of dairies by the public, apparatus and machinery are the things inspected, while the crucial factors in the safety of milk production—the condition of the cows, of the employees who milk them, and the cleanliness of the animals and their surroundings are not easily inspected.—Ed.)

**Michigan.**—THE EXECUTIVE BOARD OF THE MICHIGAN STATE NURSES' ASSOCIATION held a meeting at the Blodgett Memorial Hospital, Grand Rapids on November 17. Luncheon was served to the members by Miss Barrett. **Ann Arbor.**—THE UNIVERSITY OF MICHIGAN TRAINING SCHOOL FOR NURSES occupied new class rooms October first. Considerable remodeling was necessary to convert into adequate teaching quarters nine rooms formerly occupied by nurses. The office of the instructor is at the end of the corridor, opposite the elevator, with the laboratory on one side and the demonstration room on the other. The east wing is a lecture room seating fifty students; the west, a diet kitchen and dining room. In addition, reading and rest rooms have been provided. THE UNIVERSITY OF MICHIGAN TRAINING SCHOOL ALUMNAE ASSOCIATION held its regular meeting in the class rooms of the training school on October 28. A loan fund for pupil nurses was established with a sum from the treasury appropriated and a committee appointed to consider ways and means of adding to this fund. Following the business meeting refreshments were served. Sigrid Johnson for a number of months assistant surgical nurse in the hospital has gone to Gunter District, Ongole, India, under the Baptist Board of Foreign Missions. Coral Shaver, class of 1916, has been appointed night supervisor of the Contagious Department, Hurley Hospital, Flint. VERA ULREY, class of 1910, has been appointed to an administrative position on the staff of the superintendent of nurses. LUCILE BUTLER, class 1913, has resigned her position as head nurse in the Pediatric Department of the Hospital, having received an appointment to the United States Naval Hospital at Newport, R. I. Marion Young, class of 1916, will succeed her. Lela Reagan, class of 1916, has recently been appointed a head nurse in the Pediatrics Department of the University Hospital. BUTTERWORTH HOSPITAL ALUMNAE ASSOCIATION met on December 6, at the hospital, with twenty-five members present. Dr. R. T. Urquhart gave a very interesting lecture on the Mastoid, illustrated by stereopticon views. **Battle Creek.**—THE BATTLE CREEK SANITARIUM AND HOSPITAL ALUMNAE ASSOCIATION held a bazaar recently, and realized \$250 which was added to the sick benefit fund. This fund now amounts to about \$700 but the amount desired is \$1000. Progress has been slow because some of the money received has been used in cases of distress. The annual dues, which were formerly \$1, have been increased to \$2, although new members still pay the former sum for the first year. All current expenses are met from the dues, so that extraordinary receipts may go wholly to the permanent fund. **Detroit.**—DR. FREDERIC C. KIDNER, attending orthopedic surgeon, at the Children's Free Hospital, has procured the money from interested friends to send a nurse to Boston to prepare for work with infantile paralysis cases. Mabel Wagner, a graduate of the Children's Free Hospital, has been selected for this work, and will attend the classes especially arranged by Dr. Lovett, at the Children's Hospital Dispensary, Boston.

**Minnesota: St. Paul.**—ST. JOSEPH'S HOSPITAL ALUMNAE ASSOCIATION held

its regular meeting at the nurses' home, on November 10. An interesting paper on *The Nurse in Fiction* was read by Mrs. Andrew Moynihan. Officers were elected as follows: president, Mrs. J. H. Schnauss; vice-president, Hannah Bonner; treasurer, Elizabeth Keavy; secretary, Mary D. Morrison. At the close of the business session tea was served.

**Missouri: Kansas City.**—**ST. LUKE'S HOSPITAL ALUMNAE ASSOCIATION** entertained the local nurses' association at the Club House, on November 1. On November 8, the senior class of the hospital and the alumnae were the guests at tea of Mrs. H. F. Mather, (Miss Townsend, class of 1911). The officers of the association are: president, Helen Pollock; vice-president, Margaret Watts; secretary-treasurer, Florence E. Parsons.

**Nebraska.**—**STATE EXAMINATIONS** for nurses were held in Omaha and Lincoln, November 27, 28 and 29, at which one hundred sixty-five applicants presented themselves. **THE STATE BOARD OF NURSE EXAMINERS** has placed upon its list of accredited schools **The Spencer Hospital Training School for Nurses**, Dorothy Tiffany, superintendent, and the **Norfolk General Hospital School for Nurses**, Jean Keyes, in charge. **Omaha.**—**THE NURSES' CENTRAL CLUB AND REGISTRY** held its second annual bazaar, in the Club Rooms, on December 7 and 8. The members and their friends contributed generously and the articles sold were attractive as well as useful. The proceeds will be applied to the debt on the furniture. The Club and Registry are both doing well. **FORD HOSPITAL** with a bed capacity of seventy-five, was opened on October 1. Bertha Friedman, a graduate of Elkhart Hospital, Elkhart, Ind., post graduate Illinois Training School, is superintendent of nurses. She has as assistants, Hannah Haddock, a graduate of the Protestant Episcopal Hospital, Philadelphia, in charge of the operating room, and Vera Armstrong, dietitian. A training school is being organized in connection with the hospital. **THE STEWART MATERNITY HOME** has been opened at 2204 St. Mary's Avenue by Nellie Stewart. She has as her assistants, Ethel Ross and Mary Soper, both graduates of the Metropolitan Hospital, New York City. **THE VISITING NURSES' ASSOCIATION** has completed arrangements whereby it supplies dispensary service at the smelter of the American Smelting and Refining Company, where one nurse is on duty regularly. Lulu Mastaine has resigned her position as surgical supervisor at Bishop Clarkson Memorial Hospital, to enter the Army Nursing Service. Her successor is Josephine Chamberlin, a graduate of the Illinois Training School, Chicago. Ruth Gray, class of 1916, Clarkson Hospital, has succeeded Alita Lavender, as night supervisor. Lillian Sheldon has accepted the position of assistant to Dr. C. W. Pollard. Elsie Anderson, class of 1914, Wise Memorial Hospital, is now anesthetist at that hospital. **Lincoln.**—**THE ALUMNAE ASSOCIATION OF THE LINCOLN SANITARIUM** held its annual banquet in honor of the graduating class on November 14, at the Lincoln Hotel. There were forty present, including the eleven graduates and nine out-of-town members. Toasts and music made the evening a pleasant one.

**New Jersey.**—**THE COUNTY SOCIETY OF NEW JERSEY GRADUATE NURSES, FIRST DIVISION**, held its regular meeting at the Nurses' Club, Montclair, on November 14. After business had been transacted, Dr. Synnott gave an interesting and instructive talk on *Infant Feeding*. Later, the pupils of Miss Lucy from the Baldwin Street School gave dances. A social hour followed.

**New York.**—**ELIZABETH C. BURGESS**, a graduate of the Roosevelt Training School, has been appointed Inspector of Nurse Training Schools of the



state, as a result of a civil service examination held in November. **NEW YORK CITY.**—THE CENTRAL CLUB FOR NURSES, affiliated with the Young Women's Christian Association, formally dedicated its new building, on Sunday, December 10, Mrs. Nathaniel B. Potter, chairman of the Committee of Management, presiding. A short consecration service was followed by the transfer of the key from the builder to the architect, to the Board of Trustees, to the president of the New York City Y. W. C. A., to the chairman of the Central Club Committee of Management, and finally to Eleanor J. Crawford, secretary of the Central Club, each in turn responding with remarks which demonstrated the deep sense of responsibility realized in completing the work of the building and in arranging for the fulfilling of its mission. The Rev. Henry Sloane Coffin, D.D., delivered an eloquent address upon the opportunities of the nurse for good and the power of her personality in restoring the individual, spiritually and physically, to the normal. Annie W. Goodrich responded on the part of the nurses, emphasising the part the nurse plays in the conservation of humanity, answering the call no matter from what part of the world. Bertha Conde, Senior Student Secretary of the National Board of the Y. W. C. A., to whom the development of the idea from incipency to its present form was largely entrusted, told of the many trials and discouragements during the first year and of her great happiness in its present concrete form. The usual benedictory service, conducted by the Rev. Dr. Shipman, closed the formal dedication. The Club is to serve tea every Sunday afternoon at four o'clock, and a short vesper service will be held. THE NEW YORK COUNTY REGISTERED NURSES' ASSOCIATION held its December meeting at Mt. Sinai Hospital, with the League for Nursing Education. The large audience showed much interest in the address of the speaker of the evening, Miles M. Dawson, consulting actuary and joint author of Working Men's Insurance in Europe, and a member of the Committee on Social Insurance of the American Association for Labor Legislation. Mr. Dawson made a strong appeal to the members to take up the matter of health insurance, enumerating many of the benefits and advantages to be derived from it and dwelling especially upon the larger field which would immediately be opened to the members of the nursing profession. Miss Russell and Miss Johnson, members of the committee representing the three national nursing organisations appointed to study health insurance in its relation to nursing and to work with the committee on Social Insurance, took part in the discussion that followed. The next meeting of the Association is to be held at the New York Hospital School on the evening of February 6. A symposium on post-polio-myelitis work will be the main topic of the evening. Edith Rockwell Hall, registrar of the After-Care Committee, will tell of the aims of and some of the results obtained by her committee; representatives of the various agencies and clinics having to do with the cases, will be present and will answer questions about after-care as they see it. Societies are asked to send their full number of delegates and to announce these subjects at their meetings held in the interim. THE COMMITTEE ON PUBLIC HEALTH EDUCATION OF THE NEW YORK COUNTY MEDICAL SOCIETY has arranged to begin its lectures about February 6. Poliomyelitis and dietetics are among the subjects to be discussed, another important lecture will be upon Play. THE GERMAN HOSPITAL ALUMNAE ASSOCIATION has elected new officers, as follows: president, Sybil F. Koeller; vice-presidents, Mrs. Albert Barge, Bertha Moeri; secretary, Edna Polaek; assistant secretary, Margaret Munro; treasurer, Emma B. Lindheimer; assistant treasurer,

Margaret Beckman. THE METROPOLITAN HOSPITAL TRAINING SCHOOL ALUMNAE ASSOCIATION, at its regular meeting in November, held at the Central Club for Nurses, listened to a very interesting report of the state convention, recently held in Buffalo, by Agnes S. Ward. Both she and Ella A. Lawrence were delegates. Mrs. WILLIAM F. JACOBS gave a tea and bazaar at her residence, 550 W. 157th Street, on December 8, for the benefit of the Sick Nurses' Fund, from which over twenty dollars was realized. Brooklyn.—THE CUMBERLAND STREET HOSPITAL held its tenth annual graduating exercises for a class of seven, in the Ponch Mansion, on November 8. The presiding officer was John A. Kingsbury, Commissioner of Public Charities. The superintendent of the training school, Ella A. Laurence, read the annual report. The obstetrical prize, donated by Dr. Herbert C. Allen, was awarded to Elisabeth A. Gratz. A prize for the best practical work throughout the entire course was won by Gustina T. Brady. Brief addresses were made by Rev. Nehemiah Boynton and Dr. W. S. Crump. The Hippocratic Oath was administered by Dr. Allen. Albany.—SALLY JOHNSON, a graduate of the Massachusetts General Hospital, has been made superintendent of nurses at the Albany Hospital. Saranac.—FLORENCE STRUTHERS, graduate of a hospital in London, Ontario, and recently in charge of a hospital in Richmond, Va., has taken charge of the training school connected with the Trudeau Sanatorium. Rochester.—THE MONROE COUNTY REGISTERED NURSES' ASSOCIATION at its November meeting had an excellent talk on Cancer by Dr. John M. Swan. The courses covering the nursing side of the work of the dental hygienists now being trained in connection with the new Dental Infirmary are being given at the Rochester General Hospital.

Ohio: Akron.—THE CITY HOSPITAL OF AKRON reports that a Nurses' Home, costing about \$60,000 is now being erected, and that during a campaign held last July, the Alumnae Association subscribed \$650 for the purchase of teaching equipment, to be placed in the class rooms of the new home. Cleveland.—ST. VINCENT'S CHARITY HOSPITAL ALUMNAE ASSOCIATION held its second meeting of the year, on November 14, at the hospital, with Mary Grossman and Mary McLane as hostesses. Catherine Kennedy, of the Juvenile Court, the speaker of the evening, gave a very interesting talk on the Duties of the Probation Officer. In the audience were the Sisters of Charity, the junior and the senior classes of the training school, members of the house and visiting staffs, the alumnae, and their friends. Columbus.—ST. CLAIR HOSPITAL ALUMNAE ASSOCIATION recently chose as officers for the coming year: president, Mrs. Charles Irwin; vice-presidents, Orpha Miesse, Clara Buschman, Irene Fischer, Mary Jacobs; secretary-treasurer, Lena Bruestle. Cincinnati.—THE GRADUATE NURSES' ASSOCIATION OF CINCINNATI AND HAMILTON COUNTY held a meeting on November 27, at the Good Samaritan Hospital, an invitation having been received from the Sisters. Laura Logan, the president, was in the chair. Mrs. Mary Martin Brown, an alumna of the school had first place on the program with a most interesting paper, which told of the growth of the Good Samaritan. After the meeting, those present were shown about the hospital, which is new and well equipped. Later tea was served by the alumnae. THE LEAGUE OF NURSING EDUCATION OF CINCINNATI AND HAMILTON COUNTY, held its regular monthly meeting at the Nurses Home, Cincinnati General Hospital December 12, Laura Logan presiding. The chief topic of discussion was how to conduct classes for night nurses and the preparation of their class work. A motion was made to continue the discussion at the next meeting. Dayton.—THE ASSOCIA-

tion of Graduate Nurses of Dayton and Vicinity had the pleasure of entertaining to their monthly meeting, October 27, Ella Phillips Crandall, who gave a very interesting talk on Welfare Work, sketching its wonderful development from the beginning. The social hour which followed was enjoyed alike by the graduates and the student body of Miami Valley Hospital. The November meeting was held on the 21st, Miss Holt presiding. Two new members were admitted. It was resolved that the society give \$100 toward the campaign fund of \$250,000 for the Miami Valley Hospital. After the business meeting, Mrs. Charlotte R. Conover gave one of her interesting talks on Current Events. Officers for the year are: president, Melissa Whittler; vice-presidents, Harriet Friend, Elisabeth Holt, Mabel Smith; recording secretary, Laura Hartman; corresponding secretary, Alvira Morgan; treasurer, Mrs. Clarence Greer; auditors, Elpha Sine, Mrs. Glenn Johnson.

Oklahoma.—THE OKLAHOMA STATE ASSOCIATION OF GRADUATE NURSES held its eighth annual convention in the Christian Church, Muskogee, October 25. Many subjects were discussed which were of vital interest to the nurses. Those who took part in the program were the following: Rev. T. W. Darby; Rose Walker, Subject Organisation; Dr. C. A. Thompson, Pioneer Nursing; Mr. Stewart, Superintendent of the State School for the Blind; Vena M. Wood, Pellagra; Mr. Monroe, Superintendent of Schools; Dr. F. E. Ewing, Elements of Nursing; Ethie Rogers, Distant Nursing; Golda Sleif, read Miss Nicol's paper, Public Health Nursing. The following officers were elected: president, Rose E. Walker, El Reno; vice-presidents, Mrs. Kate B. Scott, Tulsa, Virginie Byrd, Muskogee, Mary McCarty, Shawnee, Marjorie Morrison, Oklahoma City, Beatrice Garrison, Enid, Miss W. Bailey, Altus, Marie Tenny, Mangum; secretary, Vena M. Woods, Muskogee; treasurer, Maude Parker, Oklahoma City. Charlotte Huggins of Muskogee was appointed delegate to the American Nurses' Association. All enjoyed the meeting, which was closed on the 26th by an informal reception given by Alice Robertson, the doctors and their wives. The next meeting will be held in Oklahoma City.

Pennsylvania.—THE GRADUATE NURSES' ASSOCIATION OF THE STATE OF PENNSYLVANIA held its fourteenth annual meeting at the William Penn Hotel, Pittsburgh, November 7-9, all the meetings being well attended. An eloquent welcome to Pittsburgh was given by Dr. J. P. Kerr, President of the City Council, to which Ida F. Giles, of the Board of Directors, responded in her usual happy manner. The reports of the state officers, including that of Susan C. Francis, president, showed an increase in membership and a gratifying interest in the work of the Association throughout the state. The report of the Membership Committee showed 68 applications during the year on which favorable action was taken. This represented a large number of hospitals as also of nurses. The report of the treasurer showed receipts during the fiscal year of \$1,348.17, expenditures amounting to \$915.50, and a balance in the bank, October 1, of \$432.67. To this was afterwards added \$331.00, making a total of \$763.67. The report of the Committee on Nominations was presented at the first meeting; and at the election which was subsequently held the following were elected officers for the coming year: president, Susan C. Francis; vice-presidents, Elisabeth Reid, Marie S. Brown; secretary-treasurer, Williamina Duncan; directors, Sara M. Murray, Mrs. J. E. Roth. At the same time Margaret Dunlop, of Philadelphia, was elected a delegate to the annual meeting of the American Red Cross in Washington, Jeannette Jones, of Pittsburgh, being alternate. It

was also decided to contribute \$250 to the entertainment fund of the Convention of the American Nurses' Association, to be held in Philadelphia in 1917. Among the interesting reports presented was one on Public Health Nursing, which requested all nurses interested in public health to join the Pennsylvania organization for Public Health Nursing. The Committee on the formation of a State League of Nursing Education reported the formation of a tentative constitution and by-laws, and stated that in response to circular letters to superintendents of nurses in the state, 46 had expressed themselves as in favor of the league. The Committee on Publicity reported a year of active work. Members had talked to about 600 people on the work of the Nurses' Association, courses of lectures were arranged for senior classes in hospitals; addresses before the State Federation of Women's Clubs, State Conferences of Educational Associations; courses of special lectures had been given in training schools, and an effort made to give information to lay people concerning the status of nurses, state examination, registration, inspection of training schools, etc. The Committee recommended that the Publicity Committee be dismissed and the president asked to cooperate with the National Committee for publicity work in future. A very interesting discussion was had over the proposed constitution and by-laws and definite action was postponed until the annual meeting in 1917. A great many interesting papers and discussions were had on various subjects, among them the Recognition of Nursing, by Naomi Deutsch; the Place of Industrial Nursing, by Rose E. Schaub; Mothers' Assistance Boards, Helen Glenn, State Supervisor; Health Insurance, Prof. Francis D. Tyson, University of Pittsburgh; The Responsibility of the Private Duty Nurse to Society, by S. Lillian Clayton, of the Philadelphia General Hospital; Are We Prepared? by Marie Hanlon, and The Nurse, by Caroline H. Metcalf. These papers were all of a very high order. Sara M. Murray, Educational Director, gave a very comprehensive report of the work throughout the state for the past year. THE PENNSYLVANIA LEAGUE OF NURSING EDUCATION was formed at a special meeting, with the following officers: president, Katherine Brown, Philadelphia; vice-presidents, Mrs. J. E. Roth, Pittsburgh, Ida F. Giles, Philadelphia; secretary, Marie S. Brown, South Bethlehem; treasurer, Nellie E. MacAfee, Pittsburgh. Among the matters outside the strictly business features of the convention was a demonstration of nursing given by pupil nurses of the Pittsburgh hospitals, at the Mercy Hospital, Tuesday evening. This was very largely attended and the demonstrations were of a highly interesting order. A very delightful ball was given in the ball room of the William Penn Hotel on Wednesday evening by the Alumnae Association of Mercy Hospital; there were also a number of theater parties. The city of Scranton was chosen as the meeting place in 1917. It was the opinion of those present at the meetings, freely expressed, that this convention marked a very high tide in the affairs of the Association, in the attendance, the interest manifested, the excellent program, and last but not least the marked progress of the Association. PHILADELPHIA.—THE NURSES' ALUMNAE ASSOCIATION OF THE MEDICO-CHIRURGICAL HOSPITAL held its annual meeting at the hospital on December 6, Mrs. Kratz presiding. Emma Smith, delegate to the state meeting, read an interesting report. The following officers were elected: president, Mrs. M. L. Kratz; vice-presidents, H. Miller, Mrs. J. A. Beyer; secretary, Mrs. C. A. Bonaffon; treasurer, M. W. Ayres; financial secretary, Mrs. H. Herrmann. The meeting closed with a social hour. WHITE HAVEN.—WHITE HAVEN SANATORIUM TRAINING SCHOOL held graduating exercises for a class of ten on October 31.



Dr. Hugh Campbell, superintendent of the Norwich State Sanatorium, Conn., addressed the class, his subject being, The Work of the Specially-trained Tuberculous Nurse. Dr. Joseph Walsh presented the diplomas. A reception followed at the Nurses' Home. THE WHITE HAVEN TRAINING SCHOOL ALUMNAE ASSOCIATION held its annual meeting on Commencement Day at the sanatorium. The following officers were elected: president, Eva Stamberger, Bellevue Hospital; vice-president, Viola Comsick; secretary, Camilla Hayes. Sharon.—BUHL HOSPITAL ALUMNAE ASSOCIATION held its annual meeting, October 13, and elected the following officers: president, Reba Madge; vice president, Mrs. Edith Taylor Cross; secretary, Margaret Marie McDowell; treasurer, Mattie Hannon. The alumnae held a banquet at the Shenango House and later enjoyed a theater party at the Morgan Grand, in honor of the graduating class of 1916 and Margaret Cummings, superintendent. Rhode Island: Providence.—THE RHODE ISLAND HOSPITAL NURSES ALUMNAE ASSOCIATION met at the Hospital, on November 28, Mrs. Moore, the president, in the chair. Elizabeth Upham Yates was introduced and spoke on Equal Suffrage, in a very interesting and convincing manner. A social hour followed. THE RHODE ISLAND HOSPITAL NURSES' CLUB met at the Nurses' Home on December 5. Margaret F. Stiles of the Willard Parker Memorial Hospital, New York, spoke of The Recent Epidemic of Infantile Paralysis. A large number was present and great interest was expressed. After adjournment, a social time was enjoyed. THE PROVIDENCE BRANCH GUILD OF ST. BARNABAS, met at St. Stephen's Church on December 7. Service in the church with address by Dr. Fiske was followed by a business meeting and the election of one new member. Miss Beckwith then entertained the members in the Guild House with a vivid account of her recent motor trip through Wyoming.

Vermont.—THE VERMONT STATE NURSES' ASSOCIATION held a meeting at the Mary Fletcher Hospital, Burlington, on December 2. Mary E. Schumacher was elected delegate to the next convention of the American Nurses' Association, with Nina Smith as alternate. Helen Smith read a paper on A Nurse's Experience on the Labrador Coast and Anna Louise Davis, of Brattleboro, gave an address on The Larger Opportunities of the Nurse.

#### BIRTHS

On October 12, at Brunswick, Neb., a daughter, to Mr. and Mrs. Bruno Hanfen. Mrs. Hanfen was Carolina Prapuner, class of 1910, Lutheran Hospital, St. Louis, Mo.

On November 14, a daughter, Barbara Anne, to Mr. and Mrs. Leonard Lettinger. Mrs. Lettinger was Ruth Llewellyn, class of 1915, Presbyterian Hospital, Philadelphia.

On November 5, at Cedar Rapids, Iowa, a son, Malcolm Stuart, to Mr. and Mrs. Cyrus Metcalf, Jr. Mrs. Metcalf was Dora Mitchell, class of 1902, St. Luke's Hospital, Cedar Rapids.

On October 15, at Alameda, Cal., a son, to Mr. and Mrs. George Winberg. Mrs. Winberg was Marie Swenson, class of 1912, Vassar Brothers Hospital Training School, Poughkeepsie, N. Y.

On November 24, at Buhl, Idaho, a son, to Mr. and Mrs. L. Parker Runyon. Mrs. Runyon was L. Blanche Rood, class of 1906, Vassar Brothers Hospital Training School, Poughkeepsie, N. Y.

Recently, at Changli, China, a daughter to Mr. and Mrs. G. I. Baldwin.

On October 17, at Orange, Texas, a son, to Dr. and Mrs. J. P. Hewson. Mrs. Hewson was Anna Salmon, class of 1913, White Haven Sanatorium Training School, White Haven, Pa.

#### MARRIAGES

On September 6, Katherine M. Reh, to Ellis Owen, M.D. Dr. and Mrs. Owen will live in Louisville, Ky.

On October 25, at the Graduate Nurses Club, Louisville, Ky., Esther Lykin, class of 1914, Norton Infirmary, to B. C. Patrick. Mr. and Mrs. Patrick will live in Dubuque, Ia.

On November 15, at San Antonio, Texas, Priscilla Sewall Page to Charles Olen Evans.

On November 20, at Hartford, Conn., Delia A. McKeon, class of 1914, St. Francis Hospital, Hartford, to George T. Prior.

On November 21, at Hartford, Conn., Mary E. Wilbraham, class of 1914, St. Francis Hospital, Hartford, to John J. Keefe. Mr. and Mrs. Keefe will live in Hartford.

On October 25, at Port William, Nova Scotia, Alice Marion Wood, class of 1914, New England Hospital for Women and Children, Roxbury, Mass., to Lorne S. Parker. Mr. and Mrs. Parker will live in Medford, Nova Scotia.

On November 3, at Troy, N. Y., Mary A. Doran, class of 1906, St. Peter's Hospital, Albany, to John J. Howe. Mr. and Mrs. Howe will live in Mineville, Essex County, N. Y.

On November 25, Orella Goble, graduate of Fremont Hospital, Fremont, Neb., to William Burton Morledge. Mr. and Mrs. Morledge will live in Hastings, Neb.

In November, at Omaha, Neb., Winifred Croeland, to Vern Talcott. Mr. Talcott is a senior in the College of Medicine, University of Nebraska, and his wife is one of the visiting nurses in Omaha. Mr. and Mrs. Talcott will live in Omaha.

On November 30, at Davenport, Iowa, Mabel B. Hall, class of 1915, St. Luke's Hospital, Cedar Rapids, to Edgar F. Medary. Mr. and Mrs. Medary will live in Waukom, Iowa.

On September 12, at Wuchang, China, M. R. Waddill of the American Church Mission, to Rev. E. L. Souter. Mr. and Mrs. Souter will live in Ichang.

On October 26, at Paducah, Ky., Lou Dean Gentry, class of 1911, Children's Free Hospital, Louisville, to Robert N. Holdsworth. Mr. and Mrs. Holdsworth will live in Paducah.

On November 22, Emma Wight, class of 1913, Kenosha Hospital, Kenosha, Wis., to Guy Ferguson. Mr. and Mrs. Ferguson will live in Champaign, Ill.

On June 27, Alice Miles Tovey, class of 1906, Connecticut Training School, to Arthur Weed, M.D. Dr. and Mrs. Weed will live in New Haven.

On July 26, in St. Peter's Church, Kingsclear, New Brunswick, Elisabeth Robinson Allen, class of 1914, Boston City Hospital, to John Darling Churchill, M.D. Dr. and Mrs. Churchill will live in Plymouth, Mass.

On August 2, in Boston, Elisabeth Eastwood, class of 1911, Boston City Hospital, to Thomas Neil Roche, M.D. Dr. and Mrs. Roche will live in New Bedford, Mass.

On August 12, in Brookline, Mass., Myrtle Blanche Orr, class of 1915, Boston City Hospital, to Milton Earle Allen. Mr. and Mrs. Allen will live in Brookline.

On November 16, at Dayton, Ohio, Norma Marie Kants, class of 1914, Lakeside Hospital, Cleveland, to Lew Wallace Potts, M.D. Dr. and Mrs. Potts will live in Cleveland. Miss Kants had been a visiting nurse in Dayton for several years.

On October 11, at Van Wagners, N. Y., Ethel Doty, class of 1914, Vassar Brothers Hospital Training School, Poughkeepsie, to Harold M. Herring, M.D. Dr. and Mrs. Herring will live in Boston, Mass.

On September 11, at Baltimore, Md., Lillian J. Hayward, class of 1914, Johns Hopkins Hospital, to A. Maynard Bacon, M.D. Dr. and Mrs. Bacon will live in Ardmore, Okla.

On September 20, at Baltimore, Md., Jennie E. Hines, class of 1910, Johns Hopkins Hospital, to Benjamin I. Houston. Mr. and Mrs. Houston will live in Wilmington, Del.

On October 16, at Walbrook, Md., Grace Rowe, class of 1910, Johns Hopkins Hospital, to Webster K. Edwards. Mr. and Mrs. Edwards will live in Cumberland, Md.

On October 7, at Orillia, Ontario, Dorothy Corbett, class of 1910, Hope Hospital, Fort Wayne, Ind., to Captain William Tredhope, of the 170th Ontario Battalion. Captain and Mrs. Tredhope will reside in Orillia for the present, but Captain Tredhope expects to go over seas shortly, where he will be joined later by Mrs. Tredhope.

On October 11, at Van Wert, Ohio, Lillian Reidenbach, class of 1906, Hope Hospital, Fort Wayne, Ind., to Clem V. Hoke. Mr. and Mrs. Hoke will reside in Van Wert.

On August 22, at Los Angeles, Cal., Ethel Roper, class of 1902, Hope Hospital, Fort Wayne, Ind., to Samuel White, D.D. Dr. and Mrs. White will live in Longmont, Col.

On October 26, at Chicago, Charlotte Samson, class of 1902, West Side Hospital, to George Meldrum. Mr. and Mrs. Meldrum will live in Chicago.

On November 30, at Niles Center, Ill., Louise Frans, class of 1905, West Side Hospital, Chicago, to Robert Shepard Mal. Mr. and Mrs. Mal will live in Pukwana, S. D.

On September 25, at Galesburg, Ill., Mary Sandberg, to A. Johnson.

On October 18, at Mexico, Mo., Sallie Robinson, class of 1915, St. Louis Training School, to James A. Dowell. Mr. and Mrs. Dowell will live in Meline.

On October 28, in St. Louis, Deborah Martin, graduate of the St. Louis Training School, to Edwin L. Sheehan, M.D. Dr. and Mrs. Sheehan will live in St. Louis.

On December 6, Belle Ellis, class of 1915, University of Michigan Training School, Ann Arbor, to Ralph Smafield. Mr. and Mrs. Smafield will live in Brown City, Mich.

#### DEATHS

Recently, at Newport, R. I., of heart disease, Annie Pauline Lee, class of 1908, Rhode Island Hospital, Providence, R. I.

On October 10, Clara E. Wilshire, class of 1906, Metropolitan Training School, Blackwell's Island, N. Y. Miss Wilshire's death followed a short illness and was a great shock to her many friends and acquaintances. Her loss is greatly

felt by those with whom she worked. At the time of her death she was in charge of one of the wards in the Metropolitan Hospital.

On November 9, at Boston, Mass., as the result of an automobile accident, Peter Breen, of the Men Nurses' Training School, Boston City Hospital. Mr. Breen was a very busy, efficient, cheerful nurse, and his death is regretted by those with whom he worked.

On November 19, at Galveston, Texas, from pernicious anemia, from which she had suffered for more than a year, Elisabeth Henry Fontaine, graduate of the John Sealy Hospital. Miss Fontaine held a responsible position in the office of Dr. George H. Lee, a member of the faculty of the State Medical College, with whom she made her home. She was a woman of unusual charm and intellectual attainments and was one of the nurses of whom others always felt proud. The news of her death brought sorrow to many of the older graduates of her school.

On November 1, at the Freedmen's Hospital, Washington, D. C., Christie Owen, a graduate of the training school. Miss Owen was assistant operating-room nurse and was secretary of her alumnae association. She was ill but four days and her sudden death came as a shock to all who knew her.

On November 30, Lillian DeFrancis Baker, class of 1915, White Haven Training School. Miss Baker's home was in Germantown, Philadelphia.

In November, at Plymouth, Pa., Sara A. V. Smith, class of 1906, Vassar Brothers Hospital, Poughkeepsie, N. Y.

Late in September, at Vancouver, B. C., Bertha Gordon, class of 1901, Worcester City Hospital, Worcester, Mass. Miss Gordon had done private nursing in Worcester until 1914, when she went to Vancouver. She was an earnest and energetic member of her alumnae association and will be missed by her many friends.

Word has just been received of the death at Kihaien, Honan, China, last spring, of Grace Stewart, a missionary nurse.

On November 15, at Philadelphia, suddenly, Margaret Burk, class of 1909, St. Francis Hospital, Trenton, N. J. Miss Burk was ill but a few days and the news of her death came as a great shock to her many friends in Trenton.

On October 18, at Bloomington, Cal., Mrs. Virginia Hoodner, class of 1908, Battle Creek Sanitarium and Hospital Training School for Nurses, Battle Creek, Mich. Burial was at York, Pa.

On September 30, after a brief illness, Mabel Morrison, class of 1892, St. Luke's Training School, New York. Miss Morrison was superintendent of the Toledo Hospital, Toledo, Ohio, for four years, and had been superintendent of the Robinwood Hospital, Toledo, for nineteen years, a position she held at the time of her death. She took a prominent part in all nursing affairs in the state and was secretary of the State Nurses' Association for many years. She was much beloved by the community in which she served and by the nurses of the state.



## BOOK REVIEWS

**STANDARD SURGICAL DRESSINGS.** By Nellie A. MacKenzie, R.N., Instructor of classes for the making of surgical dressings for war relief, National Civic Federation, Woman's Department, New England Section. Whitcomb and Barrows, Boston. Price 30 cents.

Probably all nurses graduate with the idea that they know how to prepare surgical dressings—but how many really know the actual size, measured by inches, or from exactly what grade of material they should be made when intended for special purposes? This information and much more which cannot fail to be of use, is given in the little book of 42 pages which the author has prepared, feeling herself its immediate need, and with the intention of revising it, "after the War is over." Notwithstanding the minute detail, the simple instructions, and attractive illustrations, the book requires little space, so it can easily be carried about, and will be of value not only to nurses, but others who are engaged in relief work.

**THE CONTROL OF HUNGER IN HEALTH AND DISEASE.** By Anton Julius Carlson, Professor of Physiology, University of Chicago. The University of Chicago Press, Chicago, Ill. Price, \$2.00.

As in these days we are so frequently informed that all the ills which flesh is heir to are caused by too much or too little food, it was hoped that in reading this book one would learn just what one should or should not do in the line of gastric feats. While it may be a common practice, we do not often hear of the writers of books going so far as to test their theories by experiments on themselves, but this author feels such a deep interest in determining the relation of appetite to hunger (and several other things), that he began his investigations with the lowest forms of life and continued up to a test of himself and a friend, who joined him in a fast of five days' duration. Strange as it may seem, one finds a trace of humor in the description of the experiment, though more pleasure was evidently felt after its close.

This practical experiment no doubt enables the writer to testify to the statement which has often been made, and which he too, gives, that after one has suffered long enough, it is really not excessively painful

nor uncomfortable to starve, a fact which is most comforting, to reflect upon, in these times when attention is so frequently called to the suffering thousands in distant lands.

The book would not be pleasant reading for anti-vivisectionists. Unusual opportunities for demonstration are recorded, as the writer had a male subject, to whom frequent mention is made, as "Mr. V.—" This man's oesophagus having been closed since he was a boy of ten years, all food has been introduced by means of an artificial opening in the stomach.

Feeling sure that some of our readers "simply cannot do anything until they have had their coffee," we note that the author quotes from Chittenden, who thinks that our appetites are mainly the result of habit, that with a little persistence one can change them, and easily dispense with regular hours for eating, and also the usual number of meals. However, the author differs from Chittenden, as he thinks his studies prove him to be wrong.

The thought is presented that "hunger is even more fundamental or primitive than the sex urge, since feeding is a necessity in all forms of life, while sexual reproduction is not."

One is impressed with the great amount of detail and research work which have been necessary in order to publish this book. Many sources of reference are given, and charts showing the results of various experiments (but no diet lists). To show that the author does not think that the last word has been said, we quote, "To be considered as the first rather than the final chapter on hunger control and yet the most extensive work in this field to date."

**THE ART OF ANAESTHESIA.** By Paluel I. Flagg, M.D., Lecturer in Anaesthesia, Fordham University Medical School; Anaesthetist to Roosevelt Hospital; Instructor in Anaesthesia to Bellevue and Allied Hospitals, Fordham Division; Consulting Anaesthetist to St. Joseph's Hospital, Yonkers, N. Y.; Formerly Anaesthetist to the Woman's Hospital, New York City. 136 Illustrations. J. B. Lippincott Company, London and Philadelphia. Price \$3.50.

"The art of anaesthesia is acquired by becoming familiar with the laws which govern its administration and by developing the ability to properly correlate and apply these laws." Experience is the greatest teacher of this art, says Dr. Flagg, and at the same time he warns the operator to avoid the carelessness that is apt to attend the oft-repeated action, observing that each individual will exhibit—some more and some less—entirely new effects of anaesthesia. "A thousand

anaesthetics, instead of leading to crudeness, should make one a thousand times more careful."

The first four chapters and also chapters XIII, XV, XVIII, XX are written with special reference to the nurses' responsibilities, and no point in the care of the patient, during and after anaesthesia, is overlooked; but particularly is the nurse urged to be unremitting in her care of those who are dependent on her consideration; to get the patient's point of view, and to do to her, or to him, as she would that others should do to herself.

**THE MIDWIFE'S PRONOUNCING DICTIONARY.** Edited by Henry Robinson, M.A., M.D., District Medical Officer to the County Council and the Metropolitan Water Board; Late Resident Obstetric Officer at St. George's Hospital, etc. New and revised edition, profusely illustrated. The Scientific Press, Limited, London. Price, 1 shilling.

Just at this time, when more instruction in midwifery for nurses is being advocated, comes this revised edition of a compact and seemingly complete dictionary. The pronunciation of the words is given, though not always what is in common use in this country. The book is illustrated and of a size to commend it for everyday use.

**WHAT EVERY MOTHER SHOULD KNOW ABOUT HER INFANTS AND YOUNG CHILDREN.** By Charles G. Kerley, M.D. Paul B. Hoeber, 67-69 East 59th Street, New York. Price, 35 cents.

Adapted to the needs of the mother of moderate means, this little book was prepared at the suggestion of a child's welfare organization. It embraces all the important points in the care and rearing of children up to the sixth year, and includes general hygiene, diet, first aid in accidents and ailments, the special care during dentition, and some instruction on the care of the teeth, eyes, the giving of an enema, and other useful information for young mothers.

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The question of painless and, at the same time, safe and normal childbirth has received much attention of late. The Twilight Sleep,

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**REILLY'S POCKET MEDICAL DICTIONARY.** By Thomas Dutton, M.D., University of Durham, Bachelor of Medicine of the University of Durham; Member of the Royal College of Physicians of Edinburgh, etc., etc. Second Edition, Published by Peter Reilly, 133 North Thirteenth Street, Philadelphia.

**ESSENTIALS OF MEDICINE.** A text-book of medicine for students, beginning a medical course, for nurses and for all others interested in the care of the sick, by Charles Phillips Emerson, M.D., Late Resident Physician, Johns Hopkins Hospital; Associate in Medicine, Johns Hopkins University; Illustrated by the Author, Second Edition. J. B. Lippincott Company, Philadelphia. Price, \$2.00.

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